



**RETURN from LEAVE OF ABSENCE (LOA) or REDUCED ACADEMIC HOURS FORM**

Student Name:		Student ID:	
Email:		Faculty Advisor:	
Semester/Year:		Academic Level:	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4
Returning from:	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Reduced Academic Load		
Desired date of return:			

Additional information from student:

Student Signature:		Date:	
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Additional information from faculty advisor:

Faculty Advisor:		Date:	
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**Office of Academic Affairs or Designee:**

NEW Academic Plan (insert or attach)

Comprehensive Assessment Exam Dates:		
Anticipated Graduation (MM/YYYY)		
Associate Dean of Academic Affairs Signature:		Date:

**Other Required Signatures**

Associate Dean of Student Affairs		Date:
Student Affairs Coordinator		Date:
Associate Dean for Experiential Education		Date:
Dean of College		Date:

Copy sent to each person signing on page 1 & 2 when the form is complete.