



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

Student Name:		Student ID:	
Phone Number:		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 <input type="checkbox"/> Other:		
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	
Capstone Exams	
Anticipated Graduation (MM/YYYY):	
Additional information from OAA	
Associate Dean of Academic Affairs Signature:	Date:

**Other Offices or Designees:**

Office / Department	Signature	Date
Associate Dean of Student Affairs		
Student Affairs Coordinator		
Associate Dean for Experiential Education		
Director of IPPE or APPEs		

**Dean's Signature:**

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