

Student Request to Return from a Leave of Absence or Withdrawal

Student Name:		Banner ID:
I aı	m requesting to return from an approved Leave of Absence.	
Starting Date of Leave:		Ending Date of Leave:
Returning to Class of:		Ending Date of Last Rotation:
Ple	ase obtain the following signatures and documentation as indicated:	
1.	Clinical Education (for students who have completed their preclinical curriculum) I have met with the student to verify they have met rotation requirements and set a timeline for resuming rotations.	
	Manager of Clinical Education	Date
2.	Financial Aid I have met with the student and explained the impact of this request on student loans and repayment status.	
	Director of Financial Aid	Date
3.	Director of Academic Success I have met with the student to discuss strategies to successfully return from the leave or withdrawal.	
	Director of Academic Success	Date
4.	Associate Dean of Academic Affairs I have met with the student to discuss this request and the impact it will have on the student's academic plan.	
	Associate Dean of Academic Affairs	Date
5.	Interim Dean I have met with the student to discuss this request and I approve.	
	Interim Dean	Date
6.	 Student I have read the policies addressing a leave of absence and/or a withdrawal in the Student Handbook and Academic Standards Handbook and make this request with a full understanding of the impact it will have on my student loans, academic plan, and other matters. I am providing the following documentation as applicable with my request: □ In the case of a medical leave of absence, a letter from a physician or treating mental health provider stating that I have recovered from the illness leading to the leave of absence and I now meet OSU-COM's Technical Standards. 	
	Student	Date
7.	Assistant Dean for Enrollment Management I have met with the student, documented completion and execution of this form, obtained required documents, and will process the request.	
	Assistant Dean for Enrollment Management	Date