



**Student Request to Return from a Leave of Absence or Withdrawal**

Student Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

I am 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: \_\_\_\_\_

Please 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. Dean**

I have met with the student to discuss this request and I approve.

\_\_\_\_\_  
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; and
- In the event that my leave of absence was six (6) months or longer, I have submitted a negative drug screen at my expense.

\_\_\_\_\_  
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