



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 Student Success

I have met with the student to discuss strategies to successfully return from leave.

Director of Student 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. Senior Associate Dean of Academic Affairs

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

Senior Associate Dean of Academic Affairs

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
- For students who have completed preclinical years, a rotation schedule from Clinical Education.

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