

Return from Leave of Absence Form

Name:	Banner:
Contact Information	
Email:	Phone Number:
Address:	
Program: (Mark with X) 4 Year _____ 2 Calendar Year _____	
Year of Study: (Mark with X) 1 _____ 2 _____ 3 _____ 4 _____	
Date of Return from Leave of Absence:	
Clearance and Restrictions for return: _____ attached supporting documents	

<i>For Office Use Only:</i>			
Date received: _____	CLSC Notified: _____		
Registrar's Office notified: _____	Course Registration: _____	File Update: _____	