



Return from Leave of Absence Form

Resurrection University
Office of the Registrar
1431 N. Claremont Ave
Chicago, IL 60622

- ✓ Students on LOA do not need to apply for readmission to the program but must report to the Office of the Registrar before resuming their studies.
- ✓ Students will be permitted to enroll in subsequent courses if space is available and prerequisites are met.
- ✓ If your LOA was due to medical restriction, your primary care provider must document that the you may return to class and clinical without restrictions and this must be submitted along with this form.
- ✓ Please consult the Academic Catalog for additional details relating to this policy.

SECTION 1: Student Information

Name: _____ Student ID# or Last 4 Digits of SSN: _____

Phone Number: _____ Date of Birth: _____

Program: _____ Year: _____ Fall Spring Summer Term: _____

Email: _____ V.A. Student: Yes No

SECTION 2: LOA Information

When will you return (check one): Fall Spring Summer Year: _____ Term: _____

If LOA was due to medical restriction, is written statement from medical professional included: Yes No

Medical Professional Name (Printed): _____ Date Cleared: _____

SECTION 3: Required Signatures and Progression Plan

Projected course(s) returning to:

Suggested cohort returning to: _____

Advisor's Signature: _____ Date: _____

Dean/Director Signature: _____ Date: _____

SECTION 4: Student Signature

Student Signature: _____ Date: _____

Processed by: _____ Date Processed: _____ Enroll Status: _____
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