

**KUMC SCHOOL OF HEALTH PROFESSIONS
REQUEST FOR RETURN FROM LEAVE OF ABSENCE (LOA) CHECKLIST
FOR KUMC GRADUATE STUDENTS**

Name	Date
Program	Student ID #

This form must be completed prior to the beginning of the semester that you plan to return from your LOA.

I request to return from my Leave of Absence in the:

- Fall 20____ semester.
- Spring 20____ semester.
- Summer 20____ semester.

NOTE: No student will be scheduled to enroll in coursework until this form is completed and approved by the authorities that originally approved your LOA. When you are notified in writing that your Request to Return from LOA has been approved, you must schedule an appointment with your Program Director.

In the case of students who were granted a medical LOA, a letter is required* from your physician stating that the problem for which you were granted a leave has been resolved and that you are ready to resume your graduate school coursework.

Student Signature

Student Printed Name

Date



Not recommended to return

Program Director Signature

Date

Approved to return

Name of Program

SHP Associate Dean Signature

When the appropriate signature(s) are affixed, and the indication is that the student has been approved to return from the LOA, the following steps will occur:

- 1) The department will send this form and the supporting documentation (*if required) to the Office of Graduate Studies.
- 2) The Office of Graduate Studies will review for approval and send to the Office of the Registrar.
- 3) The Office of the Registrar will reactivate the student in Enroll and Pay.

ADMINISTRATIVE USE ONLY

Date _____

Initials _____