

Return from University Leave of Absence



This form is to be completed by the student requesting to return from a leave and should be submitted to their academic department for review. Once reviewed, the administrator will send to the Office of the University Registrar for processing.

UR ID Number

Student Last Name

Student First Name

Program of Study

School

Return Term

Year

Student Signature: _____ Date: _____

Submission Guidelines: Submit the signed form to your academic department for review. If approved, the administrator should complete the information below. Supporting documentation and electronic signatures/approvals must be submitted with the form.

Administrator Information

Administrator's Name

Administrator's E-Mail

Administrator's Phone