



Return from Leave of Absence

Note: This form is required for all students returning to UT Health from an official leave of absence or an undocumented extended leave of one year or more. An absence of one or more years requires a criminal background check that must be conducted and verified through the dean's office of your school.

NAME: _____
(Last) (First)

UTHSCSA ID: _____ EMAIL: _____

CURRENT ADDRESS: _____

CURRENT PHONE: _____ Cell Home

I am requesting to return from a leave of absence beginning:

Fall Spring Summer Year: _____

Year in Program: 1st 2nd 3rd 4th Not Applicable

My original year of admission: _____
(Semester) (Year)

My last semester of enrollment: _____
(Semester) (Year)

Expected graduation date: _____
(Semester) (Year)

- I **have been enrolled** at another institution during my absence from UT Health.
 I **have not been enrolled** at another institution during my absence from UT Health.

Student Signature Date

Department Chair (for HP/Grad School Only) Date

Associate Dean Signature Date

Office Use Only

Original Catalog Year: _____ Updated Catalog Year: _____ Initials: _____ Date: _____