



College of Medicine

UNIVERSITY OF CENTRAL FLORIDA

Return from Leave of Absence Request

Student Name: _____ Class: _____

Phone: _____ Email: _____

Mailing Address: _____

Requested Return Date: _____

If there is anything that you would like the committee to know as they consider your petition for re-enrollment, please attach a separate sheet.

***Students returning from a medical LOA must obtain a letter from their personal physician that specifies that the medical reason for the LOA has been addressed and that the student is now medically clear to return to class and fully participate in clinical responsibilities. This documentation should be submitted to Medical Students Accessibility Services (COM 205). If you require accommodations, you must meet with the Medical Student Accommodations Liaison.

Student Signature: _____ Date: _____

[Return your completed form along with any attachments to the COM Registrar's Office \(COM 115\)](#)

For Office Use Only: SRS ___ PS ___ Roster ___ Registration ___ Tuition ___ Copy Student ___ Copy Dean ___

SEPC Meeting Date: _____ Request: ___ Approved ___ Denied ___

Appeal: ___ Approved ___ Denied ___

Return Date: _____ Return to Class of: _____

The student has met with the following individuals/offices:

1. Financial Aid: _____ Date: _____

2. Office of Student Affairs (Shelia Ellison): _____ Date: _____

Items Returned to Student:

- Laptop _____
- iPad _____
- Locker Key _____
- Mailbox Key _____

Modules/Clerkships to be repeated/completed: _____

Other requirements/stipulations: _____