



# 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: \_\_\_\_\_