

## Return from Leave of Absence

**Note:** This form is required for all students returning to UTHSCSA 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 INCLUDING AREA CODE: \_\_\_\_\_  Cell  Home

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

Fall  Spring  Summer Year: \_\_\_\_\_

My original year of admission: \_\_\_\_\_ and \_\_\_\_\_  
(Semester) (Year)

My last semester of enrollment: \_\_\_\_\_ and \_\_\_\_\_  
(Semester) (Year)

Expected graduation date: \_\_\_\_\_ and \_\_\_\_\_  
(Semester) (Year)

I **have been** enrolled at another institution during my absence from UTHSCSA.  
(You must include a sealed, official transcript from the institution in which you were enrolled.)

I **have not been** enrolled at another institution during my absence from UTHSCSA.

\_\_\_\_\_  
Student signature Date

\_\_\_\_\_  
Associate Dean Date

\_\_\_\_\_  
Department Chair (for HP/Grad school only) Date

**Office Use Only:**

Original Catalog Year: \_\_\_\_\_ Updated Catalog Year: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_