



Undergraduate Return from Leave of Absence Form

This form must be submitted no later than June 1 for Fall reentry or November 1 for Spring reentry.

Name: _____ UNH ID#: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Permanent Phone: _____

Major(s): _____ College: _____

Semester of return: Fall 20 ____ Spring 20 ____

Was your Leave of Absence for health reasons? Yes No

*If you answered yes, you must obtain a letter from your physician/therapist who has treated you since your withdrawal, indicating the extent of your readiness to resume studies, a description of the status of your condition, and any special needs you may require upon arrival to campus. **Have the letter sent directly to UNH Health & Wellness, Executive Director's Office, 4 Pettee Brook Lane, Durham, NH 03824.***

Have you plead guilty or been adjudicated guilty or convicted of a misdemeanor, felony, or other crime during your leave or are you currently under any court-imposed sanction? Yes No

If you answered yes, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

The information on this form is correct to the best of my knowledge.

Student's signature: _____ Date: _____

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Office Use: Effective Semester of Return: _____
Processed by Registrar's Office on: _____
Processed by: _____