



Students on Leave of Absence must submit their intent to return to MCPHS University prior to the following deadlines:

- *March 1st for a summer or fall semester return*
- *October 1st for a spring semester return*
- *Online students—30 days prior to the beginning of the semester*

- All International students with an F-1 or J-1 (I-20) visa status must meet with an advisor in Immigration Services (DSO) prior to returning to campus.**
- Students who are on a Medical Leave of Absence must meet with Student Affairs prior to returning to campus.**
- Students must sign and return this form to their Academic Dean or designee per these deadlines.**
- The Academic Dean or designee will sign the form and inform administrative offices of the student’s intent to return to MCPHS.**
- Students returning from an LOA must review and adhere to applicable school/program-specific policies.**

To Be Completed by the Student:

ID # _____ Campus _____ Academic Program _____

Name [*print*] _____
Last *First* *M.I.*

- Yes, I agree to return for the _____ semester for the conditions outlined with my Academic Dean/designee prior to my leave. I understand I will be administratively registered for my first semester coursework and will contact Student Financial Services if I have any questions prior to returning to campus.
 - I also agree to schedule a meeting with my Academic Dean/designee upon my return to campus.
- I would like to extend my leave until the _____ semester. I understand the Academic Dean/designee will review my request for extension and reply to my request via my MCPHS email with revised conditions.

Please explain why you are requesting an *extension of your leave of absence* below:

- No, I will not return to MCPHS University. I understand I will be *administratively withdrawn* from the university and must reapply if I intend to enroll for a future semester at MCPHS University.

Please explain why you are requesting a *withdrawal* from the university below:

Student Signature: _____ Date Signed: _____

*****Please return completed form to Academic Dean or designee for signature*****

[Please note: If you were previously authorized to take courses outside of MCPHS during your leave, please submit an official transcript from the host institution to the Office of the Registrar prior to your return semester.]



Completed by Academic Dean and/or Student Affairs Office

Student ID# _____ Name _____ 1st Return Semester _____

If Medical LOA: _____ Yes No
Printed Name / Signature Student Affairs Representative Date Cleared to Register

SAO Comments:

Academic Dean or designee: _____ Yes No
Printed Name / Signature Date Cleared to Register

Academic Dean or designee comments/additional instructions:

New Course Plan Worksheet: as of _____
Date (mm/dd/yy)

Current MOG/YOG:	New MOG/YOG:
------------------	--------------

1st RETURN Semester: _____

2nd Semester: _____

CRSE #	Course Title	Credits	CRSE #	Course Title	Credits

3rd Semester: _____

4th Semester: _____

CRSE #	Course Title	Credits	CRSE #	Course Title	Credits