



**Return from Leave of Absence or Suspension Request**

**Date:** \_\_\_\_\_

**Class Level:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**The student returning from Leave of Absence or Suspension takes the following steps:**

Initial

- 1. Meet with advisor to discuss finishing program & design a success plan \_\_\_\_\_
- 2. Meet with Financial Aid Coordinator to discuss status with financial aid \_\_\_\_\_
- 3. Complete skills check off at appropriate level with simulation faculty prior to reenrollment \_\_\_\_\_
- 4. Complete criminal background less than 60 days prior to starting semester \_\_\_\_\_
- 5. Complete a drug screening no more than 30 days before the start of the semester \_\_\_\_\_
- 6. Meet with advisor to register for classes \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_