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Request to Return to Active Study Form

Student Name: _____

RUID: _____

Program: _____

Degree sought: _____

Initial semester of enrollment: _____

Semester during which leave began (semester / year): _____

Reason for leave (e.g., Medical / Family or Dependent Care / Military Service / Other-Person):

Program Director Signature: _____

Date: _____

Dean's Signature: _____

Date: _____