

IUPUI Graduate Office

Return from Leave of Absence Notification

The purpose of this form is to certify that the student, previously granted leave of absence, is fit to return to the university and perform the essential functions of student's position in their Graduate program.

This section to be completed by the student:

Student Name: _____

Univ ID# _____

Department/Program/School: _____

First Date of Leave: _____

Date of Return: _____

This section to be completed by the student's program:

Is the student able to return to their Graduate program to perform the essential functions associated with their position in the Graduate program prior to the leave of absence? Yes No

If "NO," will student be dismissed from the program? Yes No

Comments or limitations suggested:

Graduate Program Director:

Name: _____

Signature: _____

Date: _____

This form should be submitted to the IUPUI Graduate Office, gradrec@iupui.edu, one week prior to the student's return to their Graduate program.