

LOYOLA UNIVERSITY NEW ORLEANS
RETURN FROM LEAVE STATEMENT

Please read thoroughly and complete the required information. No return from leave will be granted until this form has been completed, submitted, and verified by the Office of Student Records. Note that any falsification of information contained within this form is grounds for refusal of re-admittance, or immediate dismissal from the University if uncovered by Loyola University after readmission is granted.

Student Name: _____

CWID: _____ **Date of Birth:** _____

I affirm that I have been on a **Leave of Absence** and plan to return to Loyola University New Orleans for the _____ semester (e.g. Fall 2018). I understand that all students under a **Leave of Absence** have a registration hold placed on their record until the information noted below is returned to the Director of Student Records.

During my absence:

1. I have been found responsible for a disciplinary violation, whether related to academic misconduct or behavioral misconduct, at any educational institution that I have attended since leaving Loyola University New Orleans or convicted of with any misdemeanors, been arrested or incarcerated.
 YES NO

2. I have been adjudicated guilty or convicted of a misdemeanor, or felony.
 YES NO

If you answered **YES** to either #1 or #2 above, please detail the circumstances below. Be aware that your reinstatement to Loyola is **not guaranteed** and your file is subject to review by a disciplinary committee. Additional information regarding your circumstances is required.

If additional space is needed, please attach a supplemental page.

3. I have attended other colleges and/or universities during my Leave of Absence.

YES

NO

If **YES**, did you receive approval from your Associate Dean to attend elsewhere?

YES

NO

If **YES**, please list the institution(s) you attended below. You are required to submit transcripts from all institutions attended. Transfer credit is not guaranteed. Courses taken will be subject to evaluation from the academic college.

Signature

Date

By signing, I certify that the information in this form is accurate and complete. I acknowledge that any omission or inaccurate information could jeopardize my standing and/or reinstatement with Loyola University New Orleans.