

Student Return from Leave of Absence (RLOA)

Name: _____

Student Id: _____

Primary Academic Unit: _____

Local mailing address: _____

MU email address: _____

Personal email address: _____

Plan for Return

Anticipated return date and term: _____

Expected graduation term (if known): _____

Plan for return: _____

Student Agreement

If my return from LOA is approved, I understand and agree to the following:

- I am required to abide by the conditions of the Student Leave of Absence Policy including leave options, eligibility criteria, and time limits.
- I understand and agree that I may be required to abide by current graduation requirements and tuition and fee schedules upon my return.
- I understand that if I took courses for credit at another institution during my LOA, I will be required to apply for readmission.
- I understand my aid eligibility may have changed since the last time I was enrolled, and I should contact the Financial Aid Office to discuss my new eligibility.
- I understand that it is recommended that I meet with my Academic Advisor prior to enrolling in any courses.

I acknowledge that I have read and understand the statements above.

Student Signature

Please submit to the Cares Team (careteam@missouri.edu).

Recommendation

_____ Approved

_____ Denied

Decision date: _____

Comments: