PLATT *COLLEGE*

_____

Student's Name: _____

Address: _____

Program: _____

Effective Date: _____

_____

I have returned from my leave of absence (LOA). I understand that taking a leave of absence affected my graduation date and cohort number.

Student Signature: _____

Date: _____

_____

Further Comments:

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Registrar Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____

Finance Services Signature: _____

Date: _____

Associate Dean Signature: _____

Date: _____

Clinical Placement Coordinator Signature: _____

Date: _____

Administrative Assistant Signature: _____

Date: _____