

SARAH LAWRENCE COLLEGE GRADUATE STUDIES

Note: You are responsible for obtaining signatures from each of the departments listed on this form.

Return from Leave of Absence Form

Return from Leave of Absence - effective date: _____

Semester(s): _____

Student's ID#: _____

Student's Legal Name: _____

Class: (G1/G2/G3): _____

Division: GR

For Student:

My signature below confirms that I will be returning from my leave of absence.

Student Signature: _____

For Program Director:

My signature below confirms that I have approved this student's return from leave of absence

Program Director Signature: _____

For International Graduate Student Advisor (when applicable):

*My signature below confirms that I have met with this student about their
F1 status regulations related to this Return from Leave of Absence:*

International Graduate Student Advisor Signature: _____

Students: Please email this completed form to gradadministration@sarahlawrence.edu.