OFFICE OF STUDENT ASSISTANCE
APPLICATION FOR RESUMPTION OF STUDIES AFTER A MEDICAL LEAVE OF ABSENCE

<table>
<thead>
<tr>
<th>STUDENT ID NUMBER</th>
<th>LAST NAME *</th>
<th>FIRST NAME</th>
<th>MIDDLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS/P.O. BOX</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DAY TELEPHONE NUMBER</th>
<th>EVENING TELEPHONE NUMBER</th>
<th>MOBILE/CELL NUMBER</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT</th>
<th>EMERGENCY CONTACT NUMBER</th>
<th>EMERGENCY CONTACT RELATIONSHIP</th>
</tr>
</thead>
</table>

If this is a new address and/or telephone number(s), please indicate what you would like to have updated on your record:

- [ ] Address
- [ ] Telephone Number(s)
- [ ] Emergency Contact

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**LAST SEMESTER ATTENDED AT PACE (Year) 20**

- [ ] FALL (70)
- [ ] SPRING (20)
- [ ] SUMMER 1 (40)
- [ ] SUMMER 2 (50)

**I WAS PREVIOUSLY ENROLLED IN THE FOLLOWING:**

*Please check appropriate boxes*

**LEVEL**

- [ ] 01 (Undergraduate)
- [ ] 02 (Graduate)
- [ ] 05 (Doctoral)

**HOME CAMPUS:**

- [ ] 1 (New York)
- [ ] 2 (Pleasantville)
- [ ] 3 (White Plains)

**STATUS:**

- [ ] Matriculated (Degree seeking)
- [ ] Non Matriculated (Undergrad)
- [ ] NDS (Graduate)

---

Have you attended any other college or institution since your last term of attendance at Pace?

- [ ] YES
- [ ] NO

If yes, you may not resume studies until all official transcripts are received. Please indicate below all schools you have attended and have the school forward an official transcript to the Office of Student Assistance.

<table>
<thead>
<tr>
<th>NAME OF COLLEGE(S)</th>
<th>DATES OF ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand a review of medical documentation must be completed before a decision on resumption can be finalized.

Student’s Signature

Date

*NOTE: The official name on your Pace record cannot be changed using this form. Please complete a General Change Form. The home campus cannot be changed on this form. Please complete a Change of Home Campus Application. If you are seeking to change your major upon resuming, please speak to your academic advisor for approval.*
# Resumption of Studies Action Form

## Medical Clearance:

<table>
<thead>
<tr>
<th>UNIVERSITY HEALTH CARE UNIT</th>
<th>COUNSELING CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ MAY RESUME</td>
<td>☐ MAY RESUME</td>
</tr>
<tr>
<td>☐ MAY NOT RESUME</td>
<td>☐ MAY NOT RESUME</td>
</tr>
</tbody>
</table>

## For Dean for Students' Use:

- ☐ APPROVED
- ☐ DENIED

**Comments:**

__________________________________

__________________________________

Signature: ___________________________ Date: __________________

## For Academic Department's Use:

### Undergraduate (Only)

- ☐ P1 (Academic Probation - 1st)
- ☐ P2 (Academic Probation - 2nd)
- ☐ P3 (Academic Probation - Final)
- ☐ P5 (Probation Removed)
- ☐ R1 (Reinstated)
- ☐ R2 (Reinstated with Conditions)

### Graduate (Only)

- ☐ R1 Reinstated
- ☐ R2 Reinstated with Conditions

### Comments / Conditions (i.e., change of major required, effective catalog term, etc.)

__________________________________

__________________________________

__________________________________

__________________________________

Signature (Academic Advisor, Assoc. or Asst. Dean, Chairperson) Date

## For Office of Student Assistance Use Only:

- OFFICIAL TRANSCRIPT RECEIVED: ☐ YES ☐ NO ☐ NOT APPLICABLE
- SHAINST ACAD STAT: ___________
- SOAHOLD OSA & DFS HOLD CLEARANCE: ___________
- SHADEGR GRAD DATE: ___________
- SGASTDN STUDENT STATUS: RA STUDENT TYPE: R
- CATALOG TERM: ___________ PROG: ___________ CAMP: ___________ COLL: ___________
- DEGR: ___________ ADMS TERM: ___________ MATR TERM: ___________

OSA Student Solutions Representative Date