

OFFICE OF STUDENT ASSISTANCE

APPLICATION FOR RESUMPTION OF STUDIES AFTER A MEDICAL LEAVE OF ABSENCE



STUDENT ID NUMBER	LAST NAME *	FIRST NAME	MIDDLE
STREET ADDRESS/P.O. BOX		CITY	STATE
			ZIP
DAY TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	MOBILE/CELL NUMBER	E-MAIL ADDRESS
EMERGENCY CONTACT		EMERGENCY CONTACT NUMBER	EMERGENCY CONTACT RELATIONSHIP

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

LAST SEMESTER ATTENDED AT PACE (Year) 20____

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

☐

SEMESTER RESUMPTION OF STUDIES WILL OCCUR (Year) 20____

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

I WAS PREVIOUSLY ENROLLED IN THE FOLLOWING:

Please check appropriate boxes

- | | |
|---|--|
| LEVEL | HOME CAMPUS:* |
| <input type="checkbox"/> 01 (Undergraduate) | <input type="checkbox"/> 1 (New York) |
| <input type="checkbox"/> 02 (Graduate) | <input type="checkbox"/> 2 (Pleasantville) |
| <input type="checkbox"/> 05 (Doctoral) | <input type="checkbox"/> 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.

NAME OF COLLEGE(S)

DATES OF ATTENDANCE

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:

UNIVERSITY HEALTH CARE UNIT	COUNSELING CENTER
<input type="checkbox"/> MAY RESUME <input type="checkbox"/> MAY <u>NOT</u> RESUME	<input type="checkbox"/> MAY RESUME <input type="checkbox"/> MAY <u>NOT</u> RESUME

FOR DEAN FOR STUDENTS'USE:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Comments: _____
Signature: _____ Date: _____

FOR ACADEMIC DEPARTMENT'S USE:

Undergraduate (Only)	Graduate (Only)
<input type="checkbox"/> P1 (ACADEMIC PROBATION -1ST) <input type="checkbox"/> P2 (ACADEMIC PROBATION - 2ND) <input type="checkbox"/> P3 (ACADEMIC PROBATION - FINAL) <input type="checkbox"/> P5 (PROBATION REMOVED) <input type="checkbox"/> R1 (REINSTATED) <input type="checkbox"/> R2 (REINSTATED WITH CONDITIONS)	<input type="checkbox"/> R1 REINSTATED <input type="checkbox"/> 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	
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FOR OFFICE OF STUDENT ASSISTANCE USE ONLY:

OFFICIAL TRANSCRIPT RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		SHAINST ACAD STAT: _____	
SOAHOLD	OSA & DFS HOLD CLEARANCE: _____	SHATERM OVERALL GPA: _____	
SHADEGR	GRAD DATE: _____		
SGASTDN	STUDENT STATUS <u>RA</u>	STUDENT TYPE <u>R</u>	
	CATALOG TERM: _____	PROG: _____	CAMP: _____ COLL: _____
	DEGR: _____	ADMS TERM: _____	MATR TERM: _____
_____ OSA Student Solutions Representative Date			