

# 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)

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)  |

SEMESTER RESUMPTION OF STUDIES WILL OCCUR (Year) 20\_\_\_\_

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

- 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 <b><u>NOT</u></b> RESUME	<input type="checkbox"/> MAY RESUME <input type="checkbox"/> MAY <b><u>NOT</u></b> RESUME

**FOR DEAN FOR STUDENTS' USE:**

APPROVED     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 \_\_\_\_\_

**FOR OFFICE OF STUDENT ASSISTANCE USE ONLY:**

**OFFICIAL TRANSCRIPT RECEIVED:**     YES     NO     NOT APPLICABLE    **SHAINST**    ACAD STAT: \_\_\_\_\_

**SOAHOLD**    OSA & DFS HOLD CLEARANCE: \_\_\_\_\_    **SHATERM**    OVERALL GPA: \_\_\_\_\_

**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 \_\_\_\_\_