THE UNIVERSITY OF AKRON SCHOOL OF LAW

REQUEST TO RETURN FROM APPROVED LEAVE OF ABSENCE

Printed Name:		Student ID #:	
UA Email Address:	@zips.uakron.edu	Cell Phone #:	
Secondary Email Address:_		Secondary Phone #:	
Student Affairs before retu	rning. Students must subm	leave of absence to meet with the Assista it this request form along with evidence, or ready to return to school and complete	e.g.,
those courses at the first av	vailable opportunity after re is awarded to complete the	ter and you received In-Progresses (IPs), yesturning from your leave of absence. No accoursework already in progress, and stud	dditional
Students have six years from not toll that six-year time p	· · · · · · · · · · · · · · · · · · ·	chool to complete their degree. A leave of	f absence does
			son to Assistant
Submit this form and sup Dean Charles Oldfield.	porting documents to <u>la</u>	<u>wstudentaffairs@uakron.edu</u> or in pers	
Dean Charles Oldfield.		<u>wstudentaffairs@uakron.edu</u> or in pers	
•		<u>wstudentaffairs@uakron.edu</u> or in pers	
Dean Charles Oldfield.		<u>wstudentaffairs@uakron.edu</u> or in pers	
Dean Charles Oldfield.		<u>wstudentaffairs@uakron.edu</u> or in pers	
Dean Charles Oldfield.		wstudentaffairs@uakron.edu or in pers	
Dean Charles Oldfield.		wstudentaffairs@uakron.edu or in pers	
Dean Charles Oldfield.		wstudentaffairs@uakron.edu or in pers	
Dean Charles Oldfield. Indicate Documentation A			
Dean Charles Oldfield. Indicate Documentation A	ttached:	Date:	
Name (printed):Student Signature:	ttached:	Date:	
Name (printed): Direct question	is to Assistant Dean Char	Date: Cell Phone Number:	
Name (printed):Student Signature:	is to Assistant Dean Char	Date: Cell Phone Number: es Oldfield (<u>cwo@uakron.edu</u>) 330-97	
Name (printed): Direct question	is to Assistant Dean Char	Date: Cell Phone Number: es Oldfield (cwo@uakron.edu) 330-97	