VINUNIVERSITY
University Registrar's Office

FRM09.REQUEST TO RETURN FROM A LEAVE OF ABSENCE

STUDENT INFORMATION

Student's Name: _____ Phone:

VinUni ID: _____ Email:

Program/ College: _____

RETURN FROM LEAVE REQUEST

I am requesting to return from a leave of absence for: (Fall/Spring) _____ (Year) _____

My last semester in attendance was: (Fall/Spring) _____ (Year) _____

Please attach a semester-by-semester academic plan outlining how all remaining degree requirements will be satisfied.

Student Signature: _____ Date: _____

FINAL DECISION ON RETURN REQUEST

- ☐ Granted, effective_____, with _____ expected graduation term.
- ☐ Granted with conditions, effective _____, with_____ expected graduation term.
- ☐ Denied

Comments/Conditions:

Date: _____

OFFICE USE ONLY

- ☐ Tuition Calculation
- ☐ Copy to related departments
- ☐ Notify Student
- ☐ Update on SIS
- ☐ Archive