## Worcester Polytechnic Institute

Office of the Registrar

## **Undergraduate Request to Return from Leave of Absence**

<u>Instructions</u>: Use this form to return from institutional leave of absence or disciplinary suspension. Do not use this form if you are requesting to be readmitted after academic suspension (see Petition to Waive Suspension or Readmit after Suspension).

<b>Submission Deadlines:</b> Fall Semester	– July 20 <sup>th</sup> Spring	g Semester – November	Summer Semester – May 1 <sup>st</sup>
Name:			
	must also provide ad	ditional documentation	☐ Other Medical in order to return to WPI. Please see our web ne appropriate WPI medical office before your
mester of return (select one):  □Fall (A-Term) Year: □Spring (C-Term) Year: □		Summer (E-Term) Year:	
Intended status (Must Select One):	☐ Full-Time	☐ Part-Time (1-Uni	t limit per semester)
Academic Plans Intended Major:	Preferred Adviso	or (not required):	
Did you attend another institution w  If you answered yes, you are require	•		Yes □ No gh the Dean of Students Office.
related to academic misconduct or behavioral misuspension, removal, dismissal, or expulsion. Have you ever pled guilty or been adjudicated guilty or been ad	sconduct, which resulted i  Yes uilty or convicted of a felo uilty or convicted of a miss first conviction for drunk	in a disciplinary action? These INO  my? IYes I demeanor which resulted in interness, simple assault, speeding	nprisonment or which conviction did not result in imprisonmen ng, minor traffic violations, affray or disturbance of the peace
annulled, pardoned, destroyed, erased, impounded If you answered "yes" to any of the above questic circumstances. Students who answer "yes" to any	ed, or otherwise ordered by ons, please attach a separa y of the above questions many Ty WPI should there be any	y a court to be kept confident ate sheet of paper that gives the may be required to submit add by changes to the information i	adication or conviction has been vacated, expunged, sealed, al.  e approximate date of each incident and explains the tional information as part of the return from leave process. requested on this form. Concealment of facts or providing false
Student Signature:			_ Date:
Bursar's Office:		Office Use Only	
Student Academic Standing:	Registrar's Office	Aid:	Other Holds:

1.