



RETURN FROM LEAVE OF ABSENCE FORM

Approved by the Dean of Graduate Studies

Use this form to update demographic and college attendance information if you are returning to The University of New Mexico—Albuquerque Campus from an approved leave of absence.

Semester (Spring, Summer, Fall) _____ Year _____

UNM ID Number _____ Date of Birth _____

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Mailing Address _____

City/State _____ Zip Code _____

Program & Degree to Which You Are Returning _____

Previous Name(s) _____
(If your educational records have been under another name or names please include the name(s) under which transcripts will arrive)

List all the colleges you have attended while on leave of absence from UNM

NAME OF INSTITUTION	CITY & STATE	FROM		TO		CREDIT HOURS
		Month	Year	Month	Year	

I certify that all information given in this form is complete and accurate to the best of my knowledge. I agree to conform and abide by the letter and spirit of all rules, regulations, and procedures of the University. I understand that failure to abide by University academic regulations will be considered adequate grounds for denying admission, for cancellation of registration, or for suspension from the University.

_____/_____
 Student Signature / Date

_____/_____
 Dean of Graduate Studies Signature / Date

Mail to: Division of Enrollment Management, Office of Admissions, PO Box 4895, Albuquerque, NM 87196 or Fax (505) 277-6686