



RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH

Return from Leave of Absence Notification

TO BE COMPLETED BY MPH AND MHA STUDENTS

The purpose of this form is to certify that the student, previously granted leave of absence, is fit to return to the university and perform the essential functions of student's position in their graduate program.

Please download this form, then type in requested information.

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Name: _____ University ID: _____

Department/Program/School: _____

First Date of Leave: _____ Date of Return: _____

THIS SECTION TO BE COMPLETED BY THE STUDENT'S FACULTY ADVISOR

Is the student able to return to their graduate program to perform the essential functions associated with their position in the program prior to the leave of absence?

Yes No If "No," will student be dismissed from the program? _____

Comments or limitations suggested:

Student's Faculty Advisor

Name: _____

Signature: _____ Date: _____

This form should be emailed to the IU Richard M. Fairbanks School of Public Health at pbhealth@iupui.edu within two weeks of student's notification to take leave of absence.