LEAVE OF ABSENCE RETURN

Only those students granted Leave of Absence complete this form. All other students wishing to return to DePauw University must complete the Application for Readmission.

Confirm entrance date		20	Date		
	Winter Term	20			
	Second Semester	20			
Name			Person ID		
Last Name	First Name	Middle Name	-		
When did you last attend I	DePauw University?				
Comment Address					
Current Address		 City	State	Postal code	
,		City	State	i ostai code	
Telephone Number					
Pormanont Homo Mailing	Address (if different from	a abova)			
Permanent Home Mailing	Address (ii different from	i above)			
Street	C	ity	State	Postal code	
Guardian's name and addr	ass if different from hon	ao mailing addros	.		
Guardian 3 name and addi		ie mannig address	Name		
· · ·					
Street	·	ity	State	Postal code	
Please list the name and lo Include dates of attendanc before your application wi work at that school. Trans DePauw University / Regis	e for each. Official trans Il be considered unless y scripts should be mailed trar's Office / 313 S. Loc	scripts from each s ou are currently o to:	school attended ar completing your fir	e required	
School Name	Location	Location		Dates of Attendance	
What housing arrangemen approved by the appropriat			All housing arrang	ement must be	
	Do Not Writ	e Below Line			
Hold Information:	Action Taken	D	Readmission processed?		