OFFICE OF STUDENT ASSISTANCE

RESUMPTION OF STUDIES ACTION FORM

MEDICAL CLEARANCE:

UNIVERSITY HEALTH CARE UNIT		COUNSELING CENTER	
MAY RESUME	MAY NOT RESUME	MAY RESUME	MAY NOT RESUME

FOR DEAN FOR STUDENTS'USE:

APPROVED DENIED Comments:_____

_____

Signature: _____ Date: _____

FOR ACADEMIC DEPARTMENT'S USE:

Undergraduate (Only)	Graduate (Only)