LEAVE OF ABSENCE RETURN

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

Date ____________

Confirm entrance date ______ First Semester 20____

______ Winter Term 20____

______ Second Semester 20____

Person ID **Name**

Guardian's name and address if different

Include dates of attendance for each. Official transcripts from each school attended are required

School Name Location Dates of Attendance

All housing arrangement must be approved by the appropriate member of the Dean of Students staff.