



FORDHAM UNIVERSITY

Intent to Return from Medical Leave of Absence

Mental Health and Medical-Related Re-Entry Process

Rose Hill/Louis Calder Center: Office of Residential Life | p. 718.817.3080 | f. 718.817.5582 | reentryrh@fordham.edu

Lincoln Center/Westchester: Office of Dean of Students | p. 212.636.6250 | f. 212.636.7987 | deanofsalc@fordham.edu

Student Name: _____ FIDN: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Country (if outside the US): _____

Telephone: _____ (best number for staff to contact you)

Email: _____

Campus: _____ College: _____

Class Standing: _____ Major: _____

Intended living arrangements for return (choose one):

Commute to classes from home Commute to classes from local Fordham area University housing

I am requesting to return to Fordham University for the _____ semester of
(Fall, Spring, or Summer)
_____ after taking a Medical Leave of Absence.
(year)

I understand that submitting this letter and required documentation does not guarantee that I will be granted re-entry to Fordham University for the semester indicated above.

Student Signature

Date

**Please complete and return this form to the appropriate campus office listed above.*