



RETURN FROM LEAVE OF ABSENCE

Instructions: Complete this form if you are requesting to return from a leave of absence. Please send the completed form to the program area for approval. Once approved, the program area will forward the form to the Registrar’s Office with a completion plan.

Note: *Students who do not return to the program at the end of their approved leave will have their status automatically changed to “Required to Withdraw.” Exceptions to this policy require the approval of the Registrar.*

First Name	Last Name
Student Number	Program Name
First Course Start Date	Process Return On

Comments: Please attach a completion plan if student registering for more than one course.

Student Signature: _____

Date: _____

Note: Signature required if this form is not sent from your email address currently on file at RRU.

PLEASE EMAIL THE COMPLETED FORM TO YOUR PROGRAM AREA

<p style="text-align: center;">Faculty of Social and Applied Sciences</p> <p>Office of Interdisciplinary Studies: RRU-FSAS-OIS-Admin@royalroads.ca School of Communication & Culture: RRU-SCC-Admin@royalroads.ca School of Education and Technology: SET.Admin@royalroads.ca School of Environment & Sustainability: RRU-SES@royalroads.ca School of Leadership Studies: leadership-admin@royalroads.ca Leadership Health: leadership.health@royalroads.ca School of Humanitarian Studies: RRU-SHS@royalroads.ca International Study Centre: iscadmissions@royalroads.ca</p>	<p style="text-align: center;">Faculty of Management</p> <p>Bachelor of Commerce: RRU-FOM-BCOM-Team@royalroads.ca Master of Business Administration: RRU-FOM-MBA-Team@royalroads.ca Master of Global Management: RRU-FOM-MGM-Team@royalroads.ca School of Tourism & Hospitality Management: RRU-FTHM-STHM@royalroads.ca Graduate Certificate Programs: rru-fom-ccwi@royalroads.ca</p>
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Approval – (Dean/Designate): _____

Date: _____

Approval – (Registrar): _____
(for exceptions to Academic Regulation only)

Date: _____