



<b>FOR OFFICE USE ONLY</b>	
FA <input type="checkbox"/>	Group _____
RL <input type="checkbox"/>	Pin _____
Advisor <input type="checkbox"/>	
Holds <input type="checkbox"/>	
Rec'd _____	Processed _____

Registrar's Office MSC 7  
Plymouth State University  
17 High Street Plymouth NH 03264-1595  
603.535.2345 Fax: 603.535-2724

**RETURN FROM LEAVE OF ABSENCE**

**Returning for Term Beginning:**

- Fall 20\_\_\_\_\_
- Spring 20\_\_\_\_\_

**Returning as a:**

- Full-time Day student
- Part-time Day student

- Full-time Frost School student
- Part-time Frost School student

Name \_\_\_\_\_  
Last First Middle Suffix

If you have attended PSU under a different name (i.e., maiden name), what name \_\_\_\_\_

Current mailing address \_\_\_\_\_  
Number & Street or PO Box

City/Town State Zip Code Telephone (with area code) \_\_\_\_\_

Home or permanent residence address \_\_\_\_\_  
(if different from mailing address) Number & Street or PO Box

City/Town State Zip Code Telephone (w/ area code) (\_\_\_\_\_) \_\_\_\_\_

PSU Id # \_\_\_\_\_ Cell Phone number (\_\_\_\_\_) \_\_\_\_\_

Current E-Mail Address \_\_\_\_\_

- Resident of New Hampshire
- Non-Resident

Major : \_\_\_\_\_ Option: \_\_\_\_\_

Minor: \_\_\_\_\_ Catalog: \_\_\_\_\_

Date of Departure from PSU (MM/YY) \_\_\_\_\_

Did you attend any college or university since leaving PSU? \_\_\_\_\_ If Yes, what school? \_\_\_\_\_  
Please have official transcripts sent to the Undergraduate Studies Office, MSC #8 , 17 High Street, Plymouth NH 03264

**Personal Information**

Are you now or have you been a member of the military Service? No Yes Veteran? Yes No

If yes, date of entry: \_\_\_\_\_ Date of separation: \_\_\_\_\_ A copy of your DD214 form is required if/when available.

Have you ever been suspended or expelled from school? No Yes (If yes, explain fully on a separate page.)

Have you ever been convicted of a crime? No Yes (If yes, explain fully on a separate page and include copy of court report.)

Will you want on-campus housing? No Yes Do you need financial aid information? No Yes

I certify that to the best of my knowledge, the information given in this application is correct and complete.

I understand that I need to contact my advisor before I am able to register for classes.

Signature of Student \_\_\_\_\_ Today's Date \_\_\_\_\_