



RETURN FROM LEAVE OF ABSENCE

FOR OFFICE USE ONLY
FA
RL
Holds

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

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.

Signature of Student Today's Date

Signature of Associate Vice President for Undergraduate Studies:

Signature of Advisor: