

Intent to Return from Temporary Withdrawal

This form is to be used by students who were on an approved temporary withdrawal and wish to return to Creighton University to resume their studies.

Student Instructions:

1. Complete, sign and date this Intent to Return form.
2. Contact the Associate Vice Provost for Student Life, or designee, to schedule an appointment to submit this form and complete a Transition Plan.
 - a. The appointment should take place by:
July 15th for re-entry into the fall semester
November 15th for re-entry into the spring semester
April 15th for re-entry into the summer semester

The Associate Vice Provost for Student Life, or designee, will notify the appropriate offices of the student's intention to return.

Student Name: _____ **NET ID:** _____
Last First Middle

Mailing Address: _____
Street City State Zip

Email: _____@creighton.edu **Alternate Email:** _____

Primary Phone Number: _____

Major: _____ **College/School:** _____

Anticipated Return: Fall Spring Summer **Year:** _____

Student Signature

Date