

# NEW YORK FILM ACADEMY

## RETENTION EVALUATION COMPLIANCE FORM

I, \_\_\_\_\_, hereby state, that  
*Instructor or Department Chair*

\_\_\_\_\_, having returned from his/her  
*Student Name*

**leave of absence** is ready to resume instruction in the

\_\_\_\_\_  
*NYFA Program/Term*

as based on the retention evaluation conducted, \_\_\_\_\_ .  
*Date*

This student's level of retention was deemed satisfactory via evaluation of their performance in:

*(Check all that apply):*

**For Leaves of Absences less than 30 calendar days:**

\_\_\_\_\_ an oral evaluation of the instructional program

\_\_\_\_\_ a written aptitude/performance-based exam in the instructional program

**For Leaves of Absences more than 30 calendar days:**

\_\_\_\_\_ an oral evaluation in ***each course in the curriculum of the instructional program***

\_\_\_\_\_ a written aptitude/performance-based exam ***each course in the curriculum of the instructional program***

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_