

REQUEST FOR RETURN FROM LEAVE OF ABSENCE (LOA)

First & Last Name (*printed clearly*): _____ SID _____

Current Telephone #: _____

REINSTATEMENT INSTRUCTIONS

1. Submit completed Return Request form to the Office of Students Affairs, via fax at (951) 827-5504 or in person at the School of Medicine Education Building, Room 1682, at least three months prior to the start of instruction.
2. Update your current mailing address and phone number with the Office of Student Affairs and via Growl

Requesting to return as a: 1st Year 2nd Year 3rd Year 4th Year

Requested Date of Return (Month & Year): _____

Student Signature: _____ Date: _____

Office use only:

Returning from the following type of leave:

- | | |
|---|--|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Personal (Family Emergency) |
| <input type="checkbox"/> Research | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Administrative | |
| <input type="checkbox"/> Other _____ | |

Hold – Pending the following: _____

Denied - Reason(s): _____

Approved _____ Date: _____
Senior Associate Dean of Student Affairs

Actual Return Date: _____

Return as: 1st Year / Repeat 2nd Year / Repeat 3rd Year / Repeat 4th Year/ Repeat

Requirements before returning:

