

REQUEST FOR RETURN FROM LEAVE OF ABSENCE (LOA)

First & Last Name (printed clearly):					SID			
Current Tele	phone #:			-				
the School of	of Medicine Ed	Request form to	INSTATEMENT the Office of Stu I, Room 1682, at ohone number wi	dents A least th	Affairs, via fax at ree months prior	to the start o	of instruction.	
Requesting to	o return as a:	1 _{st} Year	2 _{nd} Year		3rd Year		4th Year	
Requested [Date of Return	(Month & Year):						
Student Signature:					Date:			
Office use on	ly:							
Returning from the following type of leave:			Personal (Family Emergency)Financial					
Hold – Pe	ending the follow	ing:						
Denied -	Reason(s):							
Approved Senior Associate Dean of Student Affairs			Date:					
Actual Return	n Date:	epeat 2 _{nd} Y		3rd \	Year / Repeat	4 _{th} Year/	Repeat	