

RETURN FROM LEAVE OF ABSENCE

[Return from LOA Policy/FAQ's](#)

REINSTATEMENT INSTRUCTIONS

- Completed Return Form Leave of Absence form and save it in the following format: "Last name, First name ReturnFromLOA"
- Submit the form to DGSOM Registrar in [Box](#).

First and Last Name:

UID:

Current phone number:

Program Affiliation:

Requesting to return as a:

Anticipated return for term beginning in the: Fall 20

Spring 20

Summer 20

[Academic Calendar link](#)

Student signature: _____

Date: _____

Office use only

Returning from the following leave:

Other:

Approved:

Hold (Pending the following):

Denied:

Date: _____

Lee Miller, M.D., Associate Dean

Approved return date: _____

Return as a:

Dual Degree

Enrollment Status

Exp. Grad Date

Memoranda

Change of Status

MyCourses

ListSers

Student

SOM/Housing

FAO

Main Campus

SRS

PSB

Class of