

RETURN FROM MEDICAL LEAVE OF ABSENCE REQUEST

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

REINSTATEMENT INSTRUCTIONS

1. Complete the Return from Medical Leave of Absence form **three (3) months prior to the start of your return date (month/year)**, and save in the following format: "Last name, First name ReturnFromLOA".
2. Include [Letter of Clearance form](#), signed by your health care provider, with completed Return from Medical Leave of Absence Request form.
3. Submit both forms 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

Approved:

Hold (Pending the following):

Denied:

Date: _____

Lee Miller, M.D., Associate Dean

Return as a:

Approved return date: _____

Dual Degree

Enrollment Status

Exp. Grad Date

Memoranda

Change of Status

MyCourses

ListSers

Student

SOM/Housing

FAO

Main Campus

SRS

PSB

Class of