

**Medical Leave of Absence Reinstatement Form**

(Submit to your dean's office at least six weeks prior to registering for classes or start of semester)

PLEASE PRINT

Name: \_\_\_\_\_ SSN or ID#: \_\_\_\_\_  
(Last) (First) (Middle)Home Address: \_\_\_\_\_  
(Street) (City & State) (Zip Code)International Student?  Yes  No

Present mailing address (if different from above): \_\_\_\_\_

Until what date? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current email address: \_\_\_\_\_

Desired Return Semester: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Check one below:

- Application for **Re-Enrollment**
- Reinstatement from **Leave of Absence**
- Reinstatement from **Medical Leave of Absence** (see box below)

*Reinstatement from an approved Medical Leave of Absence is granted by the Dean's office  
in consideration with a recommendation from Student Health Services*

**This form will not be considered until receipt of recommendation from Student Health Services**  
**Have you contacted Student Health Services for this recommendation? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**~ Recommendation must be submitted at least six weeks prior to registering for classes ~**

The Washington University school in which you were most recently enrolled (check one below):

- Architecture**, Campus Box 1079, 314-935-6200
- Art**, Campus Box 1031, 314-935-6500
- Arts & Sciences**, Campus Box 1117, 314-935-6800
- Business**, Campus Box 1133, 314-935-6315
- Engineering**, Campus Box 1100, 314-935-6100
- Other:** \_\_\_\_\_ Campus Box: \_\_\_\_\_

**(continued on back side)**

**Medical Leave of Absence Reinstatement Form**  
PAGE 2

In the space below, please write a brief description of why you left school and of your activities, employment, studies, and service since you left the University. Please explain the value of those experiences to your life. Conclude by explaining why you wish to return to the University at this time.

---

**IF YOU HAVE ENGAGED IN COLLEGE WORK SINCE LEAVING WASHINGTON UNIVERSITY, YOU MUST REQUEST THAT AN OFFICIAL TRANSCRIPT FROM EACH INSTITUTION ATTENDED BE SENT DIRECTLY TO YOUR DEAN'S OFFICE. (Your dean's office address is listed on the front of this form.)**

**IN MOST CASES NO ACTION CAN BE TAKEN ON THIS REINSTATEMENT UNTIL ALL TRANSCRIPTS ARE RECEIVED BY YOUR SCHOOL'S DEAN'S OFFICE.**

---

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Return this form to your Dean's office (address listed on front of form).**

-----

**For Office Use Only:**

If medical leave of absence, date return recommendation was approved by Student Health Services: \_\_\_\_\_

Dean's office has approved student for reinstatement:    Yes    No   (Note: If no, cancel courses)

\_\_\_\_\_  
(Dean's Signature and Date)

<b>Administrative Use:</b>	Date: _____
_____ MP opened	
_____ MSD hold removed	
_____ Letter sent to student	
_____ Letter sent to Office of International Students	