

## REQUEST FOR RETURN FROM LEAVE OF ABSENCE (LOA)

First & Last Name (*printed clearly*): \_\_\_\_\_ SID \_\_\_\_\_

Current Telephone #: \_\_\_\_\_

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### 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

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Requesting to return as a:  1<sup>st</sup> Year       2<sup>nd</sup> Year       3<sup>rd</sup> Year       4<sup>th</sup> Year

Requested Date of Return (Month & Year): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### 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:  1<sup>st</sup> Year /  Repeat       2<sup>nd</sup> Year /  Repeat       3<sup>rd</sup> Year /  Repeat       4<sup>th</sup> Year /  Repeat

Requirements before returning:

\_\_\_\_\_  
\_\_\_\_\_