

### REQUEST FOR RETURN FROM MEDICAL LEAVE OF ABSENCE (MLOA)

This form must be accompanied by a "Letter of Clearance", from your health care provider, documenting the date of anticipated return to the curriculum and may require a "Fit for Duty" certification from your health care provider.

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

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

#### 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. Submit Letter of Clearance form signed by your health care provider (**submit at same time as Return From MLOA Request Form**)
3. Submit letter stating your ability/competency to return to the curriculum (with the Return from MLOA Request Form) as per the Technical, Non-Academic Standards requirements.
  - May be required to submit a "Fit for Duty" certification from health care provider.
4. Update your current mailing address and phone number with the Office of Student Affairs and via Growl

Requesting to return as a:  1st Year  2nd Year  3rd Year  4th Year

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

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

#### Office use only:

Hold – Pending the following: \_\_\_\_\_

Denied – Reason(s): \_\_\_\_\_

Approved \_\_\_\_\_ Date: \_\_\_\_\_  
Senior Associate Dean of Student Affairs

Actual Return Date: \_\_\_\_\_

Return as:  1st Year /  Repeat  2nd Year /  Repeat  3rd Year /  Repeat  4th Year /  Repeat

Requirements before returning:

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