Washington University in St.Louis

SCHOOL OF MEDICINE

REQUEST FOR REINSTATEMENT

Student should submit to the program at least four weeks prior to registering for classes or start of term.

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: _____

Semester of desired re-enrollment: _____

Check one below:

☐   Application for **Re-Enrollment** (Please attach a timeline for degree completion.)

☐   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 <u>not</u> be considered until a recommendation from Student Health Services is received. Have you contacted Student Health Services for this recommendation? Yes_____   No _____
~ Consult Student Health Services for deadlines concerning clearance from Medical Leave of Absence ~

_____   _____
(Student's Signature)   (Date)

Program Approval for Reinstatement:

_____   _____
(Program Director's Signature)   (Date)

Upon program approval return this form to the School of Medicine Registrar's Office at wusmregistrar@wustl.edu.

For Registrar Office Use Only:

If MLOA, date return recommendation was approved by Student Health Services: _____

Registrar's Office, Washington University School of Medicine,
MSC 8021-13-220, 660 S. Euclid Ave., St. Louis, Missouri, 63110
tel. (314) 362-6848, fax (314) 362-4658, email: wusmregistrar@wustl.edu,