

## UNDERGRADUATE REINSTATEMENT

Submit to Student Health Services between June 1 and July 1 for the fall semester or between November 1 and December 1 for the spring semester.

PLEASE PRINT

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last) (First) (M.E.)

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City & State) (Zip Code)

International Student?  Yes  No Cell Phone: \_\_\_\_\_

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

Until what date? \_\_\_\_\_ Current email address: \_\_\_\_\_

Semester of desired re-enrollment: Fall 20\_\_ Spring 20\_\_

Reinstatement from **Medical Leave of Absence?**  Yes  No

*Reinstatement from an approved Medical Leave of Absence is granted by the Dean's office in consideration with a recommendation from Student Health Services. Please submit to SHS this form along with all other information required by the [MLOA Policy](#).*

The Washington University school in which you were most recently enrolled:

- 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

Specific major you intend to pursue: \_\_\_\_\_

Please **attach** a brief description of your reasons for leaving Washington University. Also, attach a list of your activities, employment, studies, and service since you left the University, and an explanation of how your time away has enhanced your readiness to return. Conclude by explaining why you wish to return to Washington University at this time and include a detailed plan of how you will complete your remaining degree requirements.

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. These transcripts will strongly affect your reinstatement. It is your responsibility to ensure that they are received. Your dean's office address is listed on the front of this form. Reinstatement may be rescinded if these forms are not received.

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

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

<p><b>For Dean's Use:</b>          Check for:  <input type="checkbox"/> Incomplete Milestone  <input type="checkbox"/> Academic Action  <input type="checkbox"/> Cum GPA &gt; 2.0          Does the student require a Progress Counselor assignment?          Y / N Name: _____          to:          Comments:</p>	<p><b>For Administrative Use:</b>  <input type="checkbox"/> Update M/LOA Milestone  <input type="checkbox"/> Holds addressed, if any  <input type="checkbox"/> Link Advisor(s), email return notification            Send copy of Reinstatement approval, through mail to:  <input type="checkbox"/> Student at above address  <input type="checkbox"/> Parent (custodial)</p>
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