

Request for Reinstatement from Leave of Absence

Student's Name (Last, First, Middle Initial)	WU Student ID	International Student (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---------------	--

Current Street Address	Apt. #	Country (if outside the United States)		
Address Line 2	City	State	Zip	
Telephone Number (including Area Code)		E-mail Address		

How long will you be at this address? START DATE _____(mm/dd/yyyy) END DATE _____(mm/dd/yyyy)

Desired Semester of Return: Fall 20____ Spring 20____ Summer 20____

Check one:
 Application for **Re-Enrollment** Reinstatement from Leave of Absence Reinstatement from Medical Leave of Absence*

***Reinstatement from a Medical Leave of Absence is granted by the Dean's office in consultation with Student Health Services. This form will not be considered until receipt of a recommendation for return is received from Student Health Services.**

The Sam Fox School in which you were most recently enrolled (check one):

College of Architecture Graduate School of Architecture & Urban Design College of Art Graduate School of Art

NOTE: If you took classes while on leave, you must have an official transcript sent directly to the address above.

In the space below, write a brief description of why you left school. Summarize your activities and explain the value of those experiences. Conclude by explaining why you wish to return. Attach additional pages if necessary.

Return to:

Aaron Akins, Registrar, Washington University in St. Louis, Sam Fox School of Design & Visual Arts, Campus Box
1031, One Brookings Drive, St. Louis, MO 63130-4899.
(Questions can be directed to aakins@wustl.edu or 314-935-6205.)

Student's Signature	Date
Associate Dean of Students or Director/Chair of Graduate Studies Signature	Date

If medical LOA, is return approved by Student Health Services? Yes No Date online: Initials: