

Request for Reinstatement from Leave of Absence

return to samfoxregistrar@email.wustl.edu

Student's Name (Last, First, Middle Initial)	WU Student ID	International Student (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
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Current Street Address	Apt. #	Country (if outside the United States)	
Address Line 2	City	State	Zip
Telephone Number (including Area Code)	Email 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 Sam Fox School 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

If you took pre-approved classes while on leave, you must have an official transcript sent to the Sam Fox School Registrar's Office.

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

Student's Signature	Date
Senior Assistant Dean & Registrar/Chair of Graduate Program Signature	Date