

Medical Leave of Absence Reinstatement Form

(This form, as well as the [Community Provider Report](#), must be submitted at least 30 days before the start of classes)

Submit completed forms to MyWellness Portal or wellness@sandiego.edu

PLEASE PRINT

Name: _____ USD ID#: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City & State) (Zip Code)

Present mailing address (if different from above):

Phone (____) ____ - ____ Date of Birth: ____ / ____ / ____

Current email address: _____

Desired Return Semester: Fall 20__ Spring 20__ Summer 20__ Intersession 20__

Reinstatement from an approved Medical Leave of Absence is granted by the Dean's office in consideration with a recommendation from a Wellness Unit Director

The USD school in which you were most recently enrolled (check one below):

Arts and Sciences

Peace Studies

Business

SOLES

Nursing

Other: _____

Law

International Student? Yes No

Community Provider Report

- My community provider has completed the Community Provider Report and I will be submitting it along with this form
 My community provider will be submitting the Community Provider Report Directly to Wellness

Consent to exchange information regarding my reinstatement request:

I have read the information above and have asked for any needed clarification and explanation. I understand the required conditions of return and the deadlines involved in returning from a medical leave. I accept these conditions and deadlines as part of my responsibilities in requesting a reinstatement from a medical leave of absence from USD. I agree to abide by these conditions, and I voluntarily request that Wellness Unit issues a recommendation to Dean's office of my academic unit regarding this request. I understand that my signing this form does not guarantee that my reinstatement from an MLOA.

Student's Signature Acknowledging Receipt *Date*

For Office Use Only:

If medical leave of absence, date return recommendation was approved by Wellness Unit: _____

Dean's office has approved student for reinstatement: Yes No (Note: If no, cancel courses)

(Dean's Signature and Date)

Administrative Use: Date: _____

____ Registration hold removed

____ Letter sent to student

____ Letter sent to Office of International Students

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In the space below, please write a brief description of why you left school and of your activities, employment, studies, and service since you left the University. Please explain the value of those experiences to your life. Conclude by explaining why you wish to return to the University at this time.

IF YOU HAVE ENGAGED IN COLLEGE WORK SINCE LEAVING USD, YOU MUST REQUEST THAT AN OFFICIAL TRANSCRIPT FROM EACH INSTITUTION ATTENDED BE SENT DIRECTLY TO YOUR DEAN'S OFFICE.

(Student's Signature) (Date)

Return this form to the Wellness Area.
