



PROGRAM OF STUDY REACTIVATION FORM

Students returning from an approved Leave of Absence (LOA) must submit a signed reactivation form before the start of the semester in which they plan to return. Reactivation is only permitted if the student is returning within the approved duration of their LOA.

STUDENT INFORMATION

Last Name	First Name	Student ID
Program		E-Mail
Phone Number	Current Preferred Address:	

Address should match what is on file with the University. If not matching, we will update to the current preferred address provided above.

ENROLLMENT INFORMATION:

Last Semester of Attendance <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	Year	
Returning Semester <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	Year	Catalog Year (Upon Return)

PROGRAM REVIEW AND APPROVAL:

The above request is: Approved Denied

If denied, please explain why:

Program Director Signature _____ **Date** _____

Dean's Signature _____ **Date** _____
(If Program Director is unavailable)

STUDENT SIGNATURE/CERTIFICATION:

I am formally requesting to return to Charles R. Drew University of Medicine and Science for the semester noted above.

Student Signature _____ **Date** _____

FOR INTERNAL USE ONLY	
Date Received: _____	Date Processed: _____
Office of the Registrar Signature: _____ Date: _____	