

Leave of Absence (LOA) Reinstatement Request Form

Submit to the Dean of Student Wellness office (SSB 218 or student.wellness@wheaton.edu) by the following dates:

Fall semester – August 1 for non-priority class registration

Spring semester – December 1 for non-priority class registration

Summer semester – April 1 for non-priority class registration

Date: _____ Class: ___ FR ___ SO ___ JR ___ SR ___ Grad

Name: _____ Student ID#: _____
(first) (last)

International Student: _____ Yes _____ No (If yes, visa type: _____)

Desired return semester/year: Fall _____ Spring _____ Summer _____

Is your student account paid in full? _____ Yes _____ No (It must be paid in full in order to be reinstated.)

Have you been academically dismissed? _____ Yes _____ No (If yes, when? _____)

Have we received your *Readiness to Return and Continuation Plan* form(s) and/or *Readiness to Return for Study Abroad or Domestic Travel* form(s) from your medical provider(s) indicating your ability to handle full time academic schedule and/or rigors of a study abroad or domestic travel program, if applicable?

_____ Yes _____ No *

*If no – please indicate the date we will have the medical documentation: _____
(Please have your provider(s) fax to 630-752-7226 or email to student.wellness@wheaton.edu)

If you have taken any Incompletes, are they all completed? _____ Yes _____ No _____ N/A

In the space below, please write a brief description of why you left Wheaton College and how you are now prepared to enter full-time studies.

Student's signature

Date