

Dean of Students Office

Scott Hall, Room 36
601 University Place
Evanston, Illinois 60208

Phone 847-491-8430
Fax 847-467-2523
www.northwestern.edu/studentaffairs/DOS



NORTHWESTERN
UNIVERSITY

VOLUNTARY MEDICAL LEAVE OF ABSENCE (MLOA) REINSTATEMENT FORM

PLEASE PRINT

Name: _____ Student ID# _____
(LAST) (FIRST) (MIDDLE INITIAL)

Class Year: _____ School: _____

Current Local Address: _____

Permanent Home Address: _____

Cell #: _____ Home #: _____

Northwestern Email: _____ Alternate Email: _____

Desired Return Date: FALL 20 _____ WINTER 20 _____ SPRING 20 _____ SUMMER 20 _____

Reinstatement from an approved Voluntary Medical Leave of Absence is granted by the Dean of Students Office in consideration with a recommendation from CAPS or Health Services. This form will not be reviewed until that recommendation has been received. Have you contacted CAPS or Health Services to schedule the reinstatement interview?

DATE OF INTERVIEW _____

In the space below, please describe your activities, employment, studies, treatment 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.

Student Signature

Date

Please return this form not more than 30 days prior to the start of the quarter you wish to return. You may fax (847.467.2523) or mail form to the Dean of Students Office attn: MLOA Reinstatement to b-burns@northwestern.edu.