



### APPROVAL FOR REINSTATEMENT FOLLOWING A LEAVE OF ABSENCE

A student wishing to return to the Johns Hopkins University School of Education following a leave of absence to resume his/her program of study must first obtain the approval of his/her faculty adviser and the Vice Dean for Academic Affairs (or designee). Prior to completing this form, please set up an appointment to discuss the reinstatement request with your faculty adviser. For more information on SOE's Leave of Absence policy, please view: <http://education.jhu.edu/student-resources/office-of-the-registrar/changingwithdrawing-from-programs/leave-of-absence/>. Please note that appropriate documentation (for example, a letter from your doctor) may be required to confirm your readiness to return to the university and resume your program of study. You will receive a signed copy of this form notifying you whether your request for reinstatement has been granted.

#### **STUDENT TO COMPLETE THIS SECTION ONLY**

\_\_\_\_\_  
Last Name (Please print)                      First Name                      Student ID

Are you an International student? \_\_\_\_ Yes \_\_\_\_ No    Visa Type \_\_\_\_\_

Mailing Address: (If there have been any changes to your contact information during your leave of absence expires, please update your personal information in ISIS)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ JHU Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Semester/Year Entered: \_\_\_\_\_

Faculty Adviser \_\_\_\_\_

Current Leave of Absence granted until: \_\_\_\_\_

When do you wish to resume your studies at the School of Education? Semester \_\_\_\_\_ Year \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **OFFICE USE ONLY**

##### **Faculty Adviser Approval**

Approval for Reinstatement Granted \_\_\_\_ Yes \_\_\_\_ No

Semester/Year approved to return: \_\_\_\_\_/\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

##### **Vice Dean of Academic Affairs (or designee) Approval**

Approval for Reinstatement Granted \_\_\_\_ Yes \_\_\_\_ No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies of this decision form should be sent to: Faculty Adviser \_\_\_\_ Vice Dean \_\_\_\_  
Student Affairs \_\_\_\_ OISS (for international students only) \_\_\_\_

The original Approval for Reinstatement form should be sent to: Registrar's Office (Student File) \_\_\_\_\_