EINSTEIN
Albert Einstein College of Medicine
Graduate Programs in the Biomedical Sciences

OFFICE OF THE GRADUATE REGISTRAR
BELFER BUILDING – Room 202
Tel: (718) 430-8682 | Fax: (718) 430-8655
gradregistrar@einsteinmed.edu

STUDENT RETURN FROM LEAVE OF ABSENCE FORM

Name: _____ **Banner ID:** _____

Mentor(s): _____ **Program:** ☐ **PhD** ☐ **MSTP**

Concentration(s): _____

Return from Leave Type: *(Check One)*
☐ Medical LOA *Doctor's Note Submitted:* _____ *Date*
☐ Parental LOA
☐ Personal/Academic LOA

LOA Start Date: _____ **Requested Date of Return:** _____

Comments:

_____ _____
Student Signature **Date**

APPROVAL AND ACKNOWLEDGEMENT SIGNATURES:

Mentor Signature	**Date**	**Manager, International Services** *(if applicable)*	**Date**
Home Org. Administrator Signature	**Date**	**MSTP Director** *(if applicable)*	**Date**
Basic Science Dept. Administrator	**Date**	**Asst. Dean, Student Finance**	**Date**

_____ _____
Assoc. Dean for Graduate Programs **Date**

Submit the completed and signed form to the Graduate Office: Belfer 202 or gradregistrar@einsteinmed.edu.

For Office Use Only

EPAF Completed: _____ Date
Banner Student Record Updated: _____ Date
Housing Notified: _____ Date