



Albert Einstein College of Medicine

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Return From Leave of Absence Form (MD)

Student Name _____

Banner ID # _____

Current Address _____

Year of Graduation _____

City _____ State _____ Zip _____

Telephone _____

Effective Date: _____ **Return Date:** _____

Comments:

Student's Signature: _____

Date: _____

Dean for Students' Signature: _____

Date: _____

Student Finance Office: _____

Date: _____

International Student Office: _____

Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE-BELFER 210

OFFICE USE ONLY

Emailed to Occupational Health: _____
Date

Update:

___ **Banner** ___ **AAMC-SRS** ___ **Student File**