



Virginia Military Institute

Notice of Return from Leave

Cadet Name: _____ VMI ID# _____

Telephone: _____ Email: _____

Address: _____
(Street) (City) (State) (Zip)

Has your address changed since you were last at VMI? Yes No

Date Entered VMI: _____ Date Left VMI: _____

Type of Leave: Academic Leave Active Duty Medical Leave Administrative Leave

VMI Class: _____ Academic Major: _____

Semester that you wish to return: Fall Spring Year: _____

INSTRUCTIONS:

If you have completed a term at another school while you were on leave, please have an official transcript sent to VMI, c/o Registrar's Office, 303 Shell Hall, Lexington, Virginia 24450.

Cadets on medical leave must forward all medical documentation to the VMI Hospital for review and approval. Medical leave must be cleared by the VMI Physician before the return from leave can be approved and processed.

I hereby affirm that I meet all institutional guidelines pertaining to VMI's marriage and parenthood policy, and have not been arrested for or convicted of a felony or misdemeanor other than a minor traffic violation during my period of non-attendance.

Cadet's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received By: _____ Date: _____

Hours Earned: _____ Readmission Class: _____ Notification Sent: _____