

# Keck School of Medicine of USC

## REQUEST TO RETURN FROM A LEAVE OF ABSENCE

Full Name: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Year of Expected Graduation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current mailing address (please also update on MedOASIS):

I attest that I have read the Essential Technical Standards Policy (found at: [http://medweb.usc.edu/policies/essential\\_characteristics\\_and\\_abilities.html](http://medweb.usc.edu/policies/essential_characteristics_and_abilities.html)) and meet these standards.

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

Return to **Mandy Garcia:**  
1975 Zonal Avenue, KAM 103  
Los Angeles, CA 90089-9020  
Fax: (323) 442-2663  
[mandygar@usc.edu](mailto:mandygar@usc.edu)

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### OFFICE USE ONLY:

Received: \_\_\_\_\_ Returning to Year (circle): I II III IV

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Teresa L. Cook, M.Ed.

Return Date: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

SPC Approved (if applicable)

Initials

Date