



**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 Infirmary 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: \_\_\_\_\_