



## UNDERGRADUATE REQUEST TO RETURN

**Fall Semester**

Request to Return deadline: June 15

Supplemental material deadline: July 1

**Spring Semester**

Request to Return deadline: November 15

Supplemental material deadline: December 1

**Instructions:** Please review the Request to Return form *carefully*.

Undergraduate students requesting to return from a Personal, Medical, or Required Academic Leave should fill out and save the PDF form. You can complete this form using the [free latest version of Adobe Reader](#).

In order for your request to be reviewed by the Committee on Academic Performance, this form and any non-medical supplemental materials must be emailed to [returnrequest@mit.edu](mailto:returnrequest@mit.edu) by the respective deadlines above. Non-medical supplemental information (i.e., department letters, employer references, non-MIT transcripts) will be accepted up to two weeks (July 1 for fall and December 1 for spring) after the deadline. All medical information should go *directly* to MIT Medical by email ([MLOA>Returns@med.mit.edu](mailto:MLOA>Returns@med.mit.edu)) or fax ((877) 932-6537) by the supplemental deadline as well.

Please note, only **complete** requests will be reviewed and *all deadlines are firm*. Students will be notified of the status of their return request on or around August 10 for fall semester return and January 10 for a spring semester return.

### PERSONAL INFORMATION

Last Name

First Name

MIT ID Number

Phone Number

Current Street Address

Preferred Email

Leave Type

Personal

Medical

Required Academic

### PREVIOUS REGISTRATION AT MIT

In which semester were you last registered?

Fall

Spring

Year

What was your class when you last registered?

First

Second

Third

Fourth

What year did you enter MIT?

What was your Course/major? (number, department name)

Who was your advisor when you were last registered?

Where did you last live at MIT?

### RETURN SEMESTER INFORMATION

For which semester and year are you requesting to return?

Fall

Spring

Year

Into which Course/major do you plan to return? (number, department name)

How many semesters do you anticipate until graduation?

## **LEAVE INFORMATION**

Please write a statement below detailing:

- a) What you have been doing during your time away and what you have learned from your experience,
- b) The reasons you feel ready to return,
- c) An assessment of the issues you faced at MIT and how they have been addressed,
- d) An honest assessment of challenges you might face if you return, and
- e) A plan for how you will address these challenges.

**SUSTAINED PRODUCTIVE ACTIVITY**

Please provide a chronological, dated list of activities (i.e., classes, jobs, travel) while away from MIT

## SEMESTER-BY-SEMESTER ACADEMIC PLAN FOR GRADUATION

This plan should address your completion of the GIR subjects and, if you have declared a major, the requirements for that major

*Note: The plan and a current MIT transcript with degree audit should be presented to the faculty member or academic department that will be reviewing the plan for return (see bottom of page). To obtain a current transcript and audit from the Registrar's Office, [order a transcript online](#) **then** email [regdocs@mit.edu](mailto:regdocs@mit.edu) to request that a degree audit be included with the order. You should discuss your plan with your faculty advisor and/or academic department to determine if graduation requirements are being addressed.*

Request a letter from your advisor or department to be emailed in **PDF** format to [returnrequest@mit.edu](mailto:returnrequest@mit.edu). This letter should comment on their assessment of your readiness to return **and** your proposed academic plan for graduation. To obtain this letter, you should be in touch with your advisor and the Undergraduate Administrator from your department.

If you are planning on studying a different major upon your return to MIT, you should contact the Undergraduate Administrator from the department to which you would like to return.

For a list of Undergraduate Administrators by department please visit, <https://registrar.mit.edu/registration-academics/advising-resources-students/academic-administrators-officers>.

First year students and undesignated sophomores should contact Leslie Bottari from Office of the First Year at [bottari@mit.edu](mailto:bottari@mit.edu).

## NON-MIT COURSEWORK

Please list your academic activity below. If you attended another college/university while away from MIT (*mandatory if requesting to from a Required Academic Leave*), please request that an official transcript be sent to S<sup>3</sup> at [returnrequest@mit.edu](mailto:returnrequest@mit.edu).

If the transcript will not be sent by the return request deadline, please ask your instructors/professors to send an email indicating your standing in the class in time for the deadline. These letters should comment on your performance and provide your grade at the time of the email. Once the official transcript becomes available, please have it sent as soon as possible.

College/University	Course	Term	Grade
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## EMPLOYMENT

Please list your employment below. If you were employed while away from MIT, please request letters of recommendation from your employer be emailed to [returnrequest@mit.edu](mailto:returnrequest@mit.edu). Letters should include:

- dates of employment
- description of responsibilities
- hours per week
- an assessment of job performance

Employer/Position	Supervisor Name and Phone	Dates	Hours/Week
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## MEDICAL TREATMENT

If you are returning from a Medical Leave **OR** a Required Academic Leave with a recommendation for treatment in your Required Academic Leave letter from the Committee on Academic Performance, please complete the information below.

*If you **are not** returning from a Medical Leave OR a Required Academic Leave with a recommendation for treatment in your Required Academic Leave letter from the Committee on Academic Performance, skip to the Housing section on the next page.*

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If you have been under the care of a mental or behavioral health professional (i.e., therapist, social worker, psychologist, psychiatrist, in/outpatient program) since leaving MIT, please list the information for **each** below and have **each** provider submit the [Healthcare Provider Report](#) directly to MIT Medical at [MLOA>Returns@med.mit.edu](mailto:MLOA>Returns@med.mit.edu) or fax to **(877) 932-6537**. You will also need to provide MIT Medical with an [Authorization for Release of Protected Health Information](#) for each clinician.

Clinician Name	Clinician Phone	Dates of Treatment
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If you have been under the care of a physician (e.g. orthopedist, physical therapist, nutritionist/dietitian) since leaving MIT, please list the information for **each** below, and have **each** provider submit the [Healthcare Provider Report](#) directly to MIT Medical at [MLOA>Returns@med.mit.edu](mailto:MLOA>Returns@med.mit.edu) or fax to **(877) 932-6537**. You will also need to provide MIT Medical with an [Authorization for Release of Protected Health Information](#) for each clinician.

Physician Name	Physician Phone	Dates of Treatment
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## HOUSING

A special note about on-campus housing: On-campus housing is **not** guaranteed for students returning from leave. If you are interested in on-campus housing, you review the information found here:

<https://studentlife.mit.edu/housing/undergraduate-housing>.

For assistance and advice on your off-campus housing search, please contact the MIT Off-campus Housing Service, (W59-200; [offcampus@mit.edu](mailto:offcampus@mit.edu)) or visit <https://studentlife.mit.edu/housing/offcampus-housing>.

Will you be completing the Undergraduate Housing Waitlist Application? Yes No

Are you requesting housing in a fraternity, sorority or independent living group? Yes No  
*If yes, please contact the fraternity, sorority, or independent living group in which you would like to live. Please keep in mind that space may be limited and housing cannot be guaranteed. Contact the FSILG office at [fsilg-office@mit.edu](mailto:fsilg-office@mit.edu) with any questions.*

## ADDITIONAL INFORMATION

Please use the space below to provide further information or additional comments about your request to return.

By signing (including electronically) below, you are attesting to the accuracy of all information provided above and acknowledging all deadlines related to your request to return.

Signature

Date

Email this completed form and all non-medical supplemental materials to [returnrequest@mit.edu](mailto:returnrequest@mit.edu). All medical information should go *directly* to MIT Medical by email ([MLOA>Returns@med.mit.edu](mailto:MLOA>Returns@med.mit.edu)) or fax ((877) 932-6537).

For more information on how to prepare to return to MIT, please go here: <https://studentlife.mit.edu/s3/requesting-return/transitioning-back-mit/returning-student-checklist>.