

**SAMUEL MERRITT COLLEGE**

Office of the Registrar  
450 30<sup>th</sup> Street, Suite 2802  
Oakland, California 94609

Telephone: 510.869.1550 Fax: 510.869.6204

**STATEMENT OF INTENT TO RETURN FROM LEAVE OF ABSENCE**

I, \_\_\_\_\_ intend to return to **Samuel Merritt College**  
Student Name

in the \_\_\_\_\_ Semester of the \_\_\_\_\_ academic year.  
(Fall/Spring/Summer) (Year)

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please complete, sign and date this form and return it with your registration form to the Office of the Registrar, at the address or fax listed above.