

**Samuel Merritt University  
Office of the Registrar**

**Statement of Intent to Return from Leave of Absence**

I, \_\_\_\_\_ intend to return to  
(Please print) Student Name

**Samuel Merritt University** in the \_\_\_\_\_ Semester of the \_\_\_\_/\_\_\_\_  
(Fall/Spring/Summer)

academic year.

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_  
Mth & Day Year

Please fill in, sign and date this form and return it with your registration form to:

Samuel Merritt University  
Office of the Registrar  
450 30<sup>th</sup> St., Suite 2802  
Oakland, CA 94609  
Fax: 510-869-6204