



# Morehouse School of Medicine LOA Reintegration Form



Learner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MSM ID Number: \_\_\_\_\_  
Program: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Morehouse School of Medicine Email Address: \_\_\_\_\_

Alternate Email Address (required): \_\_\_\_\_

Last date you attended class: \_\_\_\_\_ Current year of study: \_\_\_\_\_

Semester for which you are seeking to return: Fall Spring Summer Year: \_\_\_\_\_

## LEARNER INSTRUCTIONS

- Schedule a meeting with the Office of Inclusive Learning & Accessibility Services
- Complete the LOA Reintegration form & email the form, with required signatures to [oilas@msm.edu](mailto:oilas@msm.edu)

### Point of Contacts:

Office of the Registrar:  
Mr. Robert Wingfield/ Dr. LaShander McQueen  
<https://www.msm.edu/Officeoftheregistrar/index.php>

Financial Aid:  
<https://www.msm.edu/FinancialAid/index.php>

Student Accounts:  
Ms. Trina Shelton  
[tshelton@msm.edu](mailto:tshelton@msm.edu)

Office of Inclusive learning & accessibility Services:  
Ms. Aise Cannon/Ms. Dextasia Stanley  
[oilas@msm.edu](mailto:oilas@msm.edu)

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

OILAS: \_\_\_\_\_ Date: \_\_\_\_\_

Learner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Student Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSM's LOA policy can be found in the student handbook beginning on page 146: [https://www.msm.edu/Current\\_Students/StudentHandbooks.php](https://www.msm.edu/Current_Students/StudentHandbooks.php)

Documentation must be submitted to the Office of Inclusive Learning & Accessibility  
Office of Inclusive Learning and Accessibility Services

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