



Morehouse School of Medicine LOA Reintegration Form

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

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

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

Office of Inclusive learning & accessibility Services:
Ms. Aise Cannon/Ms. Dextasia Stanley
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

Documentation must be submitted to the Office of Inclusive Learning & Accessibility
Office of Inclusive Learning and Accessibility Services
720 Westview Drive, SW • Atlanta, GA 30310 • Phone: (404) 752-1783