



REQUEST FOR MEDICAL LEAVE OF ABSENCE

Students requesting a Medical Leave of Absence (MLOA) must first contact Student Health Services. This form should be completed and returned to your department or program.

PLEASE PRINT

Today's Date: _____

Name: _____ Student ID #: _____
(Last) (First) (Middle Initial)

Department/Program: _____ International Student? No Yes (visa type: _____)

Date you plan to leave school: _____ Expected Semester of Return: _____

Date you plan to leave your local school address: _____

Contact information during medical leave:

(Street) (City) (State or Province) (Zip)

(Country) (Email) (Phone)

Please Note:

The loss of student status for any leave may have serious implications for some students in areas such as health insurance coverage, student loans and loan deferrals, student employment, F-1 and J-1 visa statuses, rental of University properties, and University funding.

Student's Signature Date

Reminder: A medical leave will not be granted without the signature of your graduate program advisor or department chair and a recommendation from the Health Services office serving your program area.

Form filed by (if other than student requesting leave) Date

Department Use Only:

Approval Signature: _____ Date _____

Date Leave is Effective (start date): _____

Is student enrolled for classes next semester?

_____ Yes, drop courses. _____ No

If leaving mid-semester, Drop Course Work:

_____ With a "D" (does not appear on transcript)

_____ With a "W" (appears on transcript)

Comments: _____

Medical School Use Only:

Notification of Leave sent to:
_____ Student

_____ Department

_____ Instructors

_____ Courses Dropped

_____ Assistant to Dean (remission)

_____ Financial Aid

_____ OISS (Students with F-1 visa only)

_____ MLOA Milestone online (1024)

_____ MP Closed

_____ Date Completed