

Request for Medical Leave of Absence (MLOA)

Name _____ ID _____

Last date in class _____ Last date in Residence Hall (if applicable) _____

Do you receive financial aid? Yes ___ No ___

Documentation to detail substantiating medical condition (from MD, DO, NP, PA or licensed mental health clinician) with diagnosis, treatment plan -- including medications if prescribed, and reason medical leave is recommended.

- 1. Submitted to UHCS Medical Leave Coordinator on _____
(date)
- 2. Will be submitted to UHCS Medical Leave Coordinator by _____
(date)

or

- 3. Leave recommended by UHCS clinician _____
(name) (date)

I have read the information on MLOA on the UHCS website or in the Student Handbook. I understand the MLOA will not be initiated without approval by UHCS and my academic program (all medical information is confidential).

I understand that in order to return from medical leave I will need to make my request and will need to submit clinical information indicating readiness to return at least two weeks prior to the proposed return date. I also understand that my return may be subject to a plan for continued treatment either at UHCS or in the outside medical community as recommended by UHCS.

Signature _____ Date _____

Address during leave _____

Phone _____
(cell) (home)

Return this form to Medical Leave Coordinator, UHCS, 135 FR, NU, Boston, MA 02115. Or, FAX (617.373.2601), and mail original.

Official NU Use Only

Approved by Academic Department _____ Date _____

Approved by UHCS _____ Date _____

Approved by VPSA _____ Date _____