

Request for Re-entry from Medical Leave of Absence (MLOA)

Name _____ ID _____

Date leave began _____ Desired return date _____

Documentation to detail substantiating medical condition (from MD, DO, NP, PA or licensed mental health clinician) with diagnosis, compliance with stated treatment plan -- including medications if prescribed, reason return is recommended, and description of planned follow-up care upon return to school (including application to Disability Resource Center for reduced course load as needed).

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

I have read the information on returning from MLOA on the UHCS website or in the Student Handbook. I understand re-entry from MLOA will not go into effect until all information has been received, reviewed and approved by UHCS and my academic program (all medical information is confidential).

I understand that in order to return from medical leave I must submit this request and documentation 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 upon return _____

Phone _____
(cell) (home)

Return this form to Medical Leave Coordinator, UHCS, 135 FR, NU, Boston, MA 02115. Or, FAX (617.373.4142), and mail original.

Official NU Use only

Approved by Academic Department _____ Date _____

Approved by UHCS _____ Date _____

Approved by VPSA _____ Date _____