

## Request for Medical Leave of Absence (MLOA)

Name \_\_\_\_\_ ID \_\_\_\_\_

Semester requesting a medical leave of absence for: \_\_\_\_\_

Last date in class \_\_\_\_\_ Last date in Residence Hall (if applicable) \_\_\_\_\_  
(mm/dd/yy)

Do you receive financial aid? Yes \_\_\_ No \_\_\_

It is required to submit 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. Documentation will be submitted to UHCS Medical Leave Coordinator on

\_\_\_\_\_ (date)

2. Leave recommended by UHCS clinician \_\_\_\_\_

(name)

\_\_\_\_\_ (date)

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I have read the information on medical leaves under FORMS on the UHCS website and in the Student Handbook. I understand the MLOA will not be initiated without approval by UHCS.

I understand that re-entry from a medical leave requires a completed request for re-entry form and clinical documentation supporting the re-entry to classes be faxed, sent, or delivered to UHCS on or around one month prior to the planned re-entry.

\*It is required that student contact UHCS medical leave coordinator or read information on website regarding clinical documentation required for re-entry.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address during leave \_\_\_\_\_

Phone \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Return this form to Medical Leave Coordinator, UHCS, 135 FR, NU, Boston, MA 02115 or, fax to (617.373.2601). Phone: 617.373.2772 option #4.

December 22, 2011