

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

Name _____ ID _____

Date or Semester medical leave began _____

Desired returning semester's start date _____
(mm/dd/yy)

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 MLOA under FORMS 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.

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. Clinical documentation supporting the re-entry **must include** an appointment date with a clinician outside of UHCS after re-entry and be submitted with the request.

Signature _____ Date _____

Address _____

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.

April 8, 2010