

## 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 \_\_\_

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)

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I have read the information on medical leaves under FORMS on the UHCS website or 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. 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 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.

April 8, 2010