

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)

I have read information regarding deadlines and implications of a MLOA on the UHCS website under the Access to Care tab 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, a clinician's letter recommending that student return to classes and description of care given, as well as documentation from a clinician outside of UHCS of an appointment date after re-entry. Students must attend classes on Northeastern campus for the semester they wish to return from medical leave of absence. All documentation supporting the re-entry to classes must be faxed, sent, or delivered to UHCS on or around one month prior to the planned re-entry.

Student's 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.

March 21, 2012