

Request for Medical Leave of Absence (MLOA)

Name: _____ NUID: _____

Academic semester or term you are requesting for your Medical Leave: _____

Last date you participated in class/co-op/Dialogue of Civilizations/study abroad: _____
(Required for approval of Medical Leave of Absence)

Your last date in your residence hall room (if applicable): _____

Name of the clinician you have seen who recommends or supports your taking a Medical Leave of Absence (whether at or outside of UHCS):

Name of clinician: _____ Date of recommendation: _____

Clinician documentation **must** include:

1. Your medical condition with diagnosis,
2. The reason Medical Leave of Absence is recommended, and
3. Treatment plan -- including medications and specific treatments or type(s) of therapy if prescribed.

Please initial on each line to indicate that you have read and understand:

_____ I have read information regarding deadlines and implications of a MLOA on the UHCS website under the Health Requirements and Forms tab and in the Student Handbook. I understand the MLOA will not be initiated without approval by UHCS.

_____ I understand that I must participate in treatment during my Medical Leave of Absence, and that treatment must address the condition(s) for which I am applying. Any exceptions to this requirement must be reviewed by the UHCS Medical Leave Team prior to approval.

_____ I understand that re-entry from Medical Leave of Absence requires:

- | | |
|---|--|
| ➤ a completed request for re-entry form, | ➤ a description of care given during the leave |
| ➤ confirmation of an appointment with a provider outside of UHCS, after the start of the term | ➤ a clinician's letter recommending return to the University |

_____ I am responsible for understanding and addressing all academic and financial and health insurance-related ramifications of taking a Medical Leave of Absence, and that I am required to contact my Academic Advisor to discuss my academic plan upon re-entry from medical leave.^{1,2,3}

_____ All documentation supporting re-entry must be received by UHCS on or around one month prior to the term in which a student seeks re-entry.

Student's Signature: _____ Date: _____

Address during leave: _____

Phone during leave: _____ (cell) _____ (home)

Please return this form to: Northeastern University Health and Counseling Services, Attention: Medical Leave Team
Email: mloa@northeastern.edu
Fax: 617-373-2601
Mailing Address: 135 Forsyth Building, 360 Huntington Avenue, Boston, MA 02115

¹If you receive financial aid, please contact your financial aid advisor in order to understand the implications of taking a Medical Leave of Absence.

²If you are an international student, please contact the Office of Global Services (OGS) in order to review the implications of taking a Medical Leave of Absence.

³If you have enrolled in the Northeastern University Student Health Plan (NUSHP), please contact the Student Health Plan Manager, at nushp@northeastern.edu.