

# Request for Re-entry from Medical Leave of Absence

Name: \_\_\_\_\_ NUID: \_\_\_\_\_

Academic semester or term you are requesting to re-enter: \_\_\_\_\_

Date or term your Medical Leave of Absence (MLOA) began: \_\_\_\_\_

Name(s) of the clinician(s) you have seen during your Medical Leave of Absence and who recommends or supports your return from Medical Leave of Absence:

Name of clinician(s): \_\_\_\_\_

Clinician documentation **must** include:

1. Your medical condition with diagnosis,
2. Compliance with stated treatment plan -- including medications and specific treatments or type(s) of therapy if prescribed,
3. Statement that specifically recommends or supports your re-entry,
4. Description of recommended follow-up care upon return to school, and
5. Confirmation of an appointment with a provider outside of UHCS, to take place after the start of the term, including clinician's name, title and clinical specialty, address and phone number.

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 that my Re-entry Request will not be reviewed until all documentation has been received.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 | ➤ letter(s) of recommendation to return to the University from all treating clinician(s) |

\_\_\_\_\_ I understand that requesting Re-entry or communicating with the Medical Leave Team, in itself, does not guarantee or reflect approval of a Re-entry; confirmation of Re-entry will be sent to the student's Husky email address by the UHCS Medical Leave of Absence Team

\_\_\_\_\_ I am responsible for understanding and addressing all academic and financial and health insurance-related ramifications of Re-entry, and that I am required to contact my Academic Advisor to discuss my academic plan.<sup>1,2,3</sup>

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please return this form to: Northeastern University Health and Counseling Services, Attention: Medical Leave Team

Email: [mloa@northeastern.edu](mailto:mloa@northeastern.edu)

Fax: 617-373-2601

Mailing Address: 135 Forsyth Building, 360 Huntington Avenue, Boston, MA 02115

<sup>1</sup>If you receive financial aid, please contact your financial aid advisor in order to understand the implications of Re-entering from a Medical Leave of Absence.

<sup>2</sup>If you are an international student, please contact the Office of Global Services (OGS) in order to review the implications of Re-entering from a Medical Leave of Absence.

<sup>3</sup>If you have enrolled in the Northeastern University Student Health Plan (NUSHP), please contact the Student Health Plan Manager, at [nushp@northeastern.edu](mailto:nushp@northeastern.edu).