

REQUEST FOR MEDICAL LEAVE OF ABSENCE

(This form should be completed and given to your dean's office.)

PLEASE PRINT

Today's Date : _____

Name: _____
(Last) (First) (Middle) Student ID #:

Class Level: _____ International Student No Yes (visa type : _____)

Date you plan to leave School: _____ Expected Semester of Return: _____

Current local school address: _____
 City, ST, Zip: _____ Current Phone: _____
 Date you plan to leave this local school address: _____

Address during leave: _____
 City, ST, Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Home Email Address during medical leave: _____

Parent(s) Name _____ Parent(s) Phone: _____

Parent(s) Email Address: _____

Have you submitted an Intent to Graduate Form? Yes No

If yes, would you like to withdraw your Intent to Graduate? Yes No

 Signature of the Student Date

 Form Filed By (if other than student requesting leave) Date

For Office Use Only:	Office Administrative Checklist:
Dean's Signature: _____ Date: _____	_____ MP(s) Closed
Date medical leave of absence is Effective (begin date): _____	_____ MLA (1024) online _____ MSD online
_____ Withdraw student from all courses OR _____ Operator-delete all courses	_____ Dean's letter ___ S ___ P ___ SHC
Percentage of Refund: _____ % Date Student accounting Notified: _____	_____ Res Life, FA, SES, DRC, OISS
Student enrolled next semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Advisor
(If yes, delete courses? <input type="checkbox"/> Yes <input type="checkbox"/> No)	_____ Current Instructors