



### REQUEST FOR MEDICAL LEAVE OF ABSENCE

**Students requesting a Medical Leave of Absence (MLOA) must first contact Student Health Services. This form should be completed and returned to your department or program.**

PLEASE PRINT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Department/Program: \_\_\_\_\_ International Student? No Yes (visa type: \_\_\_\_\_)

Date you plan to leave school: \_\_\_\_\_ Expected Semester of Return: \_\_\_\_\_

Date you plan to leave your local school address: \_\_\_\_\_

Contact information during medical leave:

\_\_\_\_\_  
(Street) (City) (State or Province) (Zip)

\_\_\_\_\_  
(Country) (Email) (Phone)

**Please Note:**

The loss of student status for any leave may have serious implications for some students in areas such as health insurance coverage, student loans and loan deferrals, student employment, F-1 and J-1 visa statuses, rental of University properties, and University funding.

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

**Reminder: A medical leave will not be granted without the signature of your graduate program advisor or department chair and a recommendation from the Health Services office serving your program area.**

\_\_\_\_\_  
Form filed by (if other than student requesting leave) Date

**Department Use Only:**

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date Leave is Effective (start date): \_\_\_\_\_

Is student enrolled for classes next semester?

\_\_\_\_\_ Yes, drop courses. \_\_\_\_\_ No

If leaving mid-semester, Drop Course Work:

\_\_\_\_\_ With a "D" (does not appear on transcript)

\_\_\_\_\_ With a "W" (appears on transcript)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Graduate School Use Only:**

Notification of Leave sent to:  
\_\_\_\_\_ Student

\_\_\_\_\_ Department

\_\_\_\_\_ Instructors

\_\_\_\_\_ Courses Dropped

\_\_\_\_\_ Assistant to Dean (remission)

\_\_\_\_\_ Financial Aid

\_\_\_\_\_ OISS (Students with F-1 visa only)

\_\_\_\_\_ MLOA Milestone online (1024)

\_\_\_\_\_ MP Closed

\_\_\_\_\_ Date Completed