

## Medical Leave of Absence Policy

The purpose of a medical leave of absence (MLOA) is to provide students time away from Washington University for treatment of a medical or mental health condition that impairs a student's ability to function successfully or safely as a member of the University community. The authority to grant a MLOA and permission to return from a MLOA resides with the Dean's office. This policy applies to undergraduate students and graduate students as recommended by the Dean's office. This policy describes: 1) the process to request a MLOA; 2) important information about the student's status during a MLOA; and 3) the process to request reinstatement following a MLOA.

### Process for MLOA Approval

1. Contact Habif Health and Wellness Center. Habif must evaluate the student and recommend that the student be considered for a MLOA before their request can be submitted to the Dean's office. If a MLOA is warranted, Habif will send a letter of recommendation to the Dean's office. **Habif does not retroactively recommend MLOA.**
  - To schedule the evaluation for MLOA in regards to **mental health**, contact the mental health coordinator at Habif at [studentmedleave@wustl.edu](mailto:studentmedleave@wustl.edu) or (314)935-6695
  - To inquire about a MLOA in regards to **medical needs**, contact the Department Coordinator at [miholli@wustl.edu](mailto:miholli@wustl.edu) or (314) 935-9626.
2. Contact the Dean's office. After the Habif evaluation, the student should contact the Dean's office and complete a **Request for Medical Leave of Absence Form** (located on the [Habif MLOA webpage](#)). Since each school and college has MLOA policies, the student should consult the Dean's office about the amount of time available for MLOA and the conditions for return from MLOA.
3. Deadlines. Students must complete all necessary paperwork, including approval from the Dean's office, on or before the final day of classes to obtain a MLOA for the current semester. Any request submitted after the final day of classes will be considered for the following semester.
4. Determination. The Dean's office will notify the student in writing of its determination. The Dean's office will inform the student of the status of current coursework and withdrawal from classes.

### Student Status During MLOA

Student Status. The student should check with their Dean's office about their status as a student while on MLOA.

Tuition, Stipends and Scholarships. The student should consult with the Dean's office about refunds and the impact of the MLOA on stipends and scholarships.

Access to Campus. Students on MLOA are not allowed to take University classes or reside in University-owned student housing (including Greek Life housing and off-campus apartments), or participate in student organizations, programs, clubs and activities.

Financial Aid. Students are not eligible for student financial aid while on a MLOA; however a MLOA does not impact a student's future eligibility for financial aid. Federal student loans go into repayment after the expiration of the grace period if the student is not at least a half time (6 hours) student. A student on MLOA does not qualify for student loan deferment; however, the student may request forbearance from the lender which would temporarily suspend student loan repayment. For questions about the impact of a MLOA on student loans, contact Student Financial Services.

**Health Insurance.** A student considering a MLOA should consult with SHS regarding their health insurance eligibility under the Washington University Student Health Insurance Plan (“the Plan”). Students granted a MLOA remain on the Plan **only** if they are approved for a MLOA by Habif and either (1) attended WU full time the previous semester; **or** (2) completed thirty days of enrollment before going on MLOA. Students will remain on the Plan for the current plan year. The Student Health Insurance plan year is August 1 – July 31 each year. A student is allowed two semesters of coverage while out on leave. Students going on MLOA in the fall will have insurance for the current plan year and will exhaust their two semesters of coverage during that year and will not qualify for additional coverage under the student health insurance plan during the remainder of their leave. Students going on MLOA after January 12 will qualify for coverage into the following plan year. That coverage must be directly obtained through UHC. Students on the Student Health Insurance Plan will continue to use Habif as a primary care provider while residing within 50 miles of the University. Students covered under the Plan are required to comply with the terms of the Plan during MLOA. The enrollment deadline is September 15 of each Plan year. Failure to complete this step EACH plan year that the student remains on medical leave will automatically withdraw the student from the Plan. Students who are not covered by the Plan during their MLOA should seek other insurance coverage.

**The student should contact:** United Healthcare at 866-346-4826 to enroll in the continuation plan.

**Registration.** While on MLOA, students may not register for classes unless the student has been reinstated by the Dean’s office.

### **Process for Reinstatement**

1. **Information Required by Habif.** In order to resume study at Washington University, the student will be asked to demonstrate that the condition that has caused them to withdraw has sufficiently resolved to allow resumption of studies.

**For mental health MLOA,** students must submit the documentation described below to email address [studentmedleave@wustl.edu](mailto:studentmedleave@wustl.edu) or by fax to Habif Health and Wellness Center at (314) 696-1214. If using email, be aware that it is not necessarily a confidential method of communication. Call (314)935-6695 or email to confirm that we have received your documentation.

**For medical health MLOA,** students must submit the documentation to email address [miholli@wustl.edu](mailto:miholli@wustl.edu) or by fax to (314) 696-1215. If using email, be aware that it is not necessarily a confidential method of communication. Call (314) 935-9626 or email to confirm that we have received your documentation.

- a. **Health Information Form** (located on the [Habif MLOA webpage](#)). The student’s health care provider(s) must provide Habif with a completed and signed copy of the “Health Evaluation Form for Reinstatement after Medical Leave of Absence.” If the student is under the care of more than one health care provider, such as a psychiatrist and therapist, a form from all providers is required. If your Health Information Form (HIF) is completed in another language, the HIF must be translated in English by an independent translation service. The form elicits pertinent information from the health provider, including:
  - Diagnosis;
  - Medications, dosages, length of time on each medication, length of time the student has been stable on the current dosage of each medication;
  - Confirmation of the student’s successful completion of coursework, internships, or employment; and
  - The basis for the health care provider’s recommendation that the student is ready to return from leave.
- b. **Eating Disorders.** For students returning from a MLOA due to an eating disorder, the following additional information is required from the student’s health care provider:
  - Complete history of the eating disorder (with explanation of severity of behaviors);
  - Report of physical exam; Height and weight parameters and vital signs for the last 3-6 months (depending on duration of leave);
  - EKG and labs: CMP, CBC, amylase, urinalysis, magnesium, and phosphorus.

- c. Authorization for the Use and Disclosure of Protected Health Information. The student must sign and date an ***Authorization for the Use and Disclosure of Protected Health Information Form*** to allow Habif to speak to the student's health care providers.
2. Evaluation of Health Information. After Habif evaluates the student's reinstatement materials, they may contact the student's healthcare providers by phone. Habif will contact the student by phone or require the student to make an appointment at Habif. Habif will provide the Dean's office with a recommendation regarding the student's medical and/or psychological readiness to return to the University.
3. Confidentiality. All medical information provided to Habif is confidential and will not be shared with the Dean's office.
4. Reinstatement Form. Complete the appropriate Reinstatement Form for your academic program and submit to Habif with your other reinstatement materials.
5. Deadlines. Requests for reinstatement beginning in a fall semester must be submitted between June 1 and July 1. Requests for reinstatement beginning in a spring semester must be submitted between November 1 and December 1. Reinstatement is not available for the summer session.
6. Determination. The Dean's office will evaluate the information provided by Habif and make a determination whether the student may return to the University. Reinstatement is based on the student's readiness to manage a full-time course load (12-15 credits for undergraduates; minimum of 9 credits for graduate students). Generally, students will not be reinstated as a part-time student or for summer programs. The Dean's office will notify the student in writing of its determination. Factors the Dean's office will consider include:
- Habif evaluation and recommendation;
  - The student's demonstrated ability to engage in productive and realistic academic planning;
  - The student's personal statement included on the Reinstatement Form;
  - Any coursework completed or employment during the MLOA; and
  - Any other factors that the Dean, in their discretion, deems relevant under the student's particular circumstances.

I, \_\_\_\_\_ (Print Name), hereby acknowledge that I have read the above Medical Leave of Absence Policy and understand the terms and conditions set forth therein. I am further requesting an evaluation and recommendation from Student Health Services that I be placed on a medical leave of absence pursuant to the terms of this Policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Health Services Representative

\_\_\_\_\_  
Recommended MLOA Date