

REQUEST FOR MEDICAL LEAVE OF ABSENCE

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

PLEASE PRINT

Today's Date: _____

Name: _____ SSN or ID #: _____
(Last) (First) (Middle)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 medical leave: _____

City, ST, Zip: _____ Phone: _____

Email during medical leave: _____

Student's Signature_____
Date_____
Form filed by (if other than student requesting leave)_____
Date

<u>For Office Use Only:</u>	<u>Office Administrative Checklist:</u>
Dean's approval: _____ Date: _____	_____ MP Closed
Date medical leave of absence is effective (begin date): _____	_____ MLA (1024) on-line
_____ Withdraw student from all courses	_____ MSD on-line
OR	_____ Dean's letter ___S___P___SHC
_____ Operator-delete all courses	_____ Res Life, FA, SES, DRC, OISS
Percentage of refund: _____% Date student accounting notified: _____	_____ Advisor
Student enrolled next semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Current Instructors
(if yes, delete courses? <input type="checkbox"/> Yes <input type="checkbox"/> No)	