Washington University in St. Louis

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

For Office Use Only:	**Office Administrative Checklist:**
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? ☐ Yes ☐ No	_____ Current Instructors
(if yes, delete courses? ☐ Yes ☐ No)	