**Washington University 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.

**Approval for MLOA**

1. **Contact Student Health Services (SHS).** SHS must evaluate the student and recommend that the student be considered for a MLOA before his/her request can be submitted to the Dean’s office. If a MLOA is warranted, SHS will send a letter of recommendation to the Dean’s office. **SHS does not retroactively recommend MLOA.**

   For leaves related to physical health contact the Assistant Vice Chancellor and Director of SHS (935-9626).

   For leaves related to mental health contact the Director of Mental Health Services (935-6695).

2. **Contact the Dean’s office.** After the SHS evaluation, the student should contact the Dean’s office and complete a **Request for Medical Leave of Absence Form.** 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**

**Retain Student Status.** A student retains his/her status with the University during an approved MLOA and an application for readmission to the University is not required. The MLOA will be recorded on the student’s record.

**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 SHS 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 semester and may continue coverage under the Plan for no more than two semesters. SHS will continue to be the primary provider for students residing within 50 miles of the University. Students that are covered under the Plan are required to comply with the terms of the Plan during a MLOA. Students must be enrolled in the Plan to receive services at SHS. If MLOA continues for more than one semester, the student will be required to enroll in the Plan each semester the student is on MLOA and pay the applicable premium. The enrollment deadlines are September 26 for the fall semester and February 19 for the spring semester. Failure to complete this step EACH semester 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: Walter M. Jones-Account Representative, Client Services, Aetna Student Health, 8 Commerce Drive Bedford, NH 03110 P: 603-594-9721 F: 860-907-4672 jonesw@aetna.com

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

Reinstatement

1. Information Required by SHS. To facilitate the reinstatement process, the student’s health care provider(s) must provide SHS with a detailed summary of the treatment the student received during the MLOA. If the student is under the care of more than one health care provider, such as a psychiatrist and therapist, a letter from all providers is required.

   a. Health Information. Each health care provider must provide the following information to SHS:
      - 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 to the University.

   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 SHS to speak to the student’s health care providers.

2. Evaluation of Health Information. After SHS evaluates the student’s health information, SHS will contact the student’s healthcare providers by phone. SHS may also contact the student by phone or require the student to make an appointment at SHS. SHS 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 SHS is confidential and will not be shared with the Dean’s office.

4. Reinstatement Form. Complete and submit to the Dean’s office a Reinstatement Form.

5. Deadlines. All 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 SHS 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:
   - SHS 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 his/her 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       Date    Student ID#
_____________________________________________  _________________
Student Health Services Representative    Recommended MLOA Date

One Brookings Drive, Campus Box 1201, St. Louis, MO 63130, Ph: 314-935-6666, Fax: 314-935-8515. Website: shs.wustl.edu