

This form is to be submitted by students seeking a formal Leave of Absence from Utica College for **medical reasons**. The completed form and supporting documentation is to be submitted to the Office of the Registrar.

The purpose of a medical leave of absence (MLOA) is:

1. To maintain your health coverage if you are insured by a parent and need to maintain your health insurance coverage.

NOTES

- If you become ill during the semester and need to withdraw from your currently registered courses, you should complete the online withdrawal form (www.utica.edu/withdraw)†. **This form will not withdraw you from your current courses.**
- **A MLOA is inappropriate for a student who withdraws from all classes and has received WD grades** since a MLOA presupposes no registration at all for a term. Since, in such cases, the student has maintained continuous enrollment by having a registration record, he or she is eligible to register the following semester and will suffer no adverse effects due to the fact that he or she was not eligible to apply formally for a MLOA.
- It is not necessary for a student to apply for a Medical Leave of Absence (MLOA) if s/he has a registration record for the semester. A grade of WD counts as a registration record.
- Information provided to the College as part of a MLOA will be considered confidential and will be released only in circumstances described by the Family Educational Rights and Privacy Act (FERPA).
- If you receive financial aid, your loans may go into repayment if you utilize your entire grace period. You may request a forbearance for repayment by contacting the appropriate lender.
- **Under separate cover, your physician must provide documentation supporting this request. The supporting medical documentation must include a basis for the medical leave and an appropriate duration of leave.**

To return after a Medical Leave of Absence:

1. A physician must certify in writing that the student is ready to return from the MLOA. This letter is to be sent to the Registrar.
2. The student must complete an Application for Readmission at least one week prior to the start of the term.

Please print or take advantage of the fact that this form is a fillable PDF by typing your information into the fields below.

Full Name: _____ UC ID#: _____

Street Address: _____

City, State, ZIP: _____

Academic Level of Study: Undergraduate Student Graduate Student

Academic Program: _____

Medical Leave is requested for (select one): Fall (20____) Spring (20____) Summer (20____)

A new (separate) form must be completed for each semester.

Student's Signature: _____ Date: _____

Do not write below this line.

Date Documentation from Physician Received*: _____

Student Financial Services Approval: _____ Date: _____

Registrar's Office Approval: _____ Date: _____

* Form cannot be approved without documentation from physician.

† The schedule of deadlines for withdrawing from classes is available online. There are links on the Registrar's web page (www.utica.edu/registrar)