



Medical Leave of Absence (Involuntary) Request Form **Office of the Registrar**

The student's instructor, and or advisor field site supervisor and Dean of Students have raised serious concerns about the student's current ability to succeed academically and/or in their field training site due to significant health concerns. The party or parties have discussed their concerns directly with the student and their Department Chair.

The Department Chair has carefully reviewed the students' explanation as well as the reports from the other party or parties described above. The Department Chair has concluded that, at this time the student is unable to meet their academic or experiential education goals with success. Consequently, an involuntary leave of absence is strongly recommended.

A Financial Aid Leave of Absence may not be for more than 180 days by federal regulations. It is a separate form found online and must be approved by the Director of Financial Aid.

Student ID#: _____ Personal email: _____

Student Name: _____ Date: _____

Address _____
(Street) (City) (State) (Zip)

Cell Phone Number: _____

Department Chair's Summary of Concerns Raised:

Department Chairs Recommendations: (Please be specific as to a proposed schedule for return, and what documentation and demonstration of functioning will be required in order to return to a matriculated status:

REGISTRAR'S OFFICE USE ONLY Dean of Students Office HR Admissions (Intl student) Financial Aid

FOLLOW UP Student registered as required on: _____ Student did not return: _____

Date Involuntary Medical Leave Begins: _____

I accept the recommendation for an Involuntary Medical Leave

Student Name Date

Department Chair Name Date

Please note: Student may appeal this decision to the APSC

Leave start: _____ Anticipated return semester Fall Spring Summer Year: 20 _____

Note: A student not returning from an approved Leave of Absence will be administratively withdrawn from the Institution. The withdrawal date will be retroactive to the leave start date.

Student Signature Date

Comments:

Department Chair Signature Date

Financial Aid Officer Signature Date
Confirmation of effective date

Processed Date: _____

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