



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.

Financial Aid recipients should contact the Financial Aid Office prior to taking a leave of absence. The Veterans School Certifying Official is required to update Veterans Affairs with any changes to a student's school status as this may affect benefits.

Student ID # _____ Personal email _____

Name _____ Date submitted _____

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.)

Date Involuntary Medical Leave Begins: _____

Anticipated return semester: fall spring summer Year: _____

Note: A student not returning from an approved Leave of Absence will be administratively withdrawn from the Institution.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 last date of attendance.

I accept the recommendation for an Involuntary Medical Leave.

Student signature Date

Department Chair signature Date

Please note: Student may appeal this decision to the APSC

REGISTRAR'S OFFICE USE ONLY:

Last date of attendance: _____ Anticipated return semester: fall spring summer Year _____

Notify: Dean of Students Office Admissions (Intl student) Financial Aid

FOLLOW UP:

Student registered as required on _____ (Date)

Student did not return _____ (Date)