Application for a Medical Leave of Absence for Graduate Students

Please read both leave of absence policies (personal and medical) before completing this application to be sure you are seeking the leave most appropriate for your circumstances.

**Return this form and medical documentation to the Office of Graduate Studies.**

Date Full Name Student ID#

Degree Program

**Contact information while on medical leave:**

Home/Permanent Address: Mailing Address: Phone #: Alternate Phone #:

Preferred Email Address:

If you are an international student, are you currently in F-1 or J-1 student status?

If *yes,* have you met with an ISSS advisor?

Do you have financial aid?

If *yes,* have you met with a Financial Aid counselor?

Do you have Health Insurance through DU? If *yes,* have you contacted HCC?

Have you been on a medical leave of absence from DU before?

If *yes,* what were the dates of your leave? to .

Yes Yes Yes Yes Yes Yes Yes

No No No No No No No

**Please check all that apply.**

I am currently enrolled in courses and plan to drop my courses should a medical leave be granted.

I am currently enrolled in courses and will seek grades of “Incomplete.” *Please see the Incomplete Policy for eligibility*. I am not currently enrolled in courses.

**Terms for which leave is requested:**

Fall

Winter

Spring

Summer 20

**Term you plan to return to study (one year maximum):**

Fall

Winter

Spring

Summer 20

**Reasons for requesting a medical leave of absence:**

**Exchange of information:**

By signing this form, you grant permission for the DU Office of Graduate Studies (OGS) to exchange information with the healthcare provider treating you for the condition for which you are seeking a medical leave of absence in order to fully explore your ability to perform as a student. The OGS is permitted to share information with your healthcare provider regarding the medical leave request and your status as a student at the university.

Student Printed Name

Medical Leave of Absence Revised September 2016

Signature

Date

The complete Medical Leave of Absence policy is available from the Graduate Policies and Procedures:

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Section II: Returning from a Medical Leave of Absence

Health Care Provider Questionnaire

**Instructions**

This form is to be completed by the treating physician, other M.D., licensed mental health provider, or other qualified health care provider. Please respond to the questions listed below. Attach a brief statement concerning whether this student is prepared to resume full-time study as well as a treatment summary on your office letterhead. Please respond to all questions.

Full name of student/patient

Are you a

Psychiatrist

M.D.

Licensed Mental Health Provider

Other (Please specify)

Did you examine the above-named student/patient?

Did you provide treatment for the above named patient? Are you continuing to provide treatment?

Yes

Yes Yes

No

No No

If yes, is continuing treatment required for the patient to be able to function as a full-time student at the

University of Denver?

Yes

No

If not, is the patient able to function as a full-time student at the University of Denver without treatment?

Yes

Yes

No

No

Do you consider there to be any safety concerns?

If yes, please describe your concerns

To your knowledge, are the parents and/or legal guardian(s) of the patient aware of the problem(s) for which

you have provided treatment (if patient is a dependent)?

Yes

No

Other comments

Signature of Treating Professional

Date

Name of Treating Professional (type or print)

Phone Number

**Please remember to attach a brief statement of recommendation for re-entry on your office letterhead and a treatment**

**summary. The student’s re-entry application will not be accepted for review unless it includes these materials. Thank you.**

Medical Leave of Absence Revised September 2016

The complete Medical Leave of Absence policy is available from the Graduate Policies and Procedures:

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