Medical Leave of Absence Instructions

Section I. Medical Leave of Absence from the University

To begin a medical leave of absence:

☐ Read the Medical Leave of Absence policy
☐ Complete an Application for a Medical Leave of Absence for Graduate Students
☐ Submit official medical documentation to the Office of Graduate Studies

Section II. Returning from a Medical Leave of Absence

To return from a medical leave of absence, please read the “Returning from Medical Leave” policy.

Also, please ask your medical provider to submit the following items to the Office of Graduate Studies:

☐ A letter on clinic letterhead signed and dated by a medical care provider appropriate for the medical condition indicating the student, at the time of the evaluation by the health care provider, is medically able to resume study at the University.
☐ A completed Health Care Provider Questionnaire, available from the Office of Graduate Studies (or online at www.du.edu under the Current Students tab, then “Academics” and under “Graduate,” selecting “Medical Leave of Absence.”)

If you have any questions about the policies or procedures regarding a medical leave of absence, please contact Molly Hooker at 303-871-2706.
Section I. Medical Leave of Absence from the University

Medical Leave of Absence Eligibility
A medical leave of absence may be granted or required for serious mental and/or physical conditions that prevent a student from functioning successfully or safely as a member of the university community. A medical leave of absence provides students up to one year of relief from coursework and time-to-degree requirements (except for the Sturm College of Law students). Generally, a student may request a medical leave of absence a total of two times during his/her educational program at DU. Students may apply up to the last published day of classes. In addition, if the medical leave is approved, tuition for the quarter in which the student begins the leave may be refunded. Medical withdrawal is not intended as a strategy to shield a student from unsatisfactory progress or any other academic irregularity. If the student is on a medical leave of absence, s/he may not enroll for any courses at any institution unless required as a part of the health care plan.

Transfer of credit toward a DU degree for courses taken while on leave is not guaranteed. A medical leave of absence is only allowed for students who are dealing with their own personal health circumstances. Students seeking a leave of absence for other reasons should consider applying for a personal leave of absence and refer to the forms and polices for a leave of absence.

Processing a Medical Leave of Absence
- The complete Application for a Medical Leave of Absence and all relevant medical documentation must be submitted within two weeks of the last date the student attended classes and no later than the published last day of classes.
- If the documents (Application for a Medical Leave of Absence AND official medical documentation) are completed and submitted before the end of the sixth week of the term, all courses will be dropped, the relevant departments will be notified on the student’s behalf, and tuition refunded.
- If the completed application and supporting medical documentation are submitted after the sixth week of the regular academic term and before the published last day of classes, the student may be required to petition separately for a late withdrawal from courses and file a formal appeal for a tuition refund. For summer, interterm or intensive short courses, please refer to the Office of the Registrar’s schedule of deadlines for the appropriate add/drop dates.
- Students may not apply for a medical leave of absence for a term which has ended. Please contact the Office of the Graduate Studies to discuss what options might be available for future terms.

Medical Documentation
Appropriate medical documentation must be submitted with the Application for Medical Leave of Absence form and must include the following
- A signed and dated letter, on clinic letterhead, from a medical care provider appropriate for the medical condition indicated
- Diagnosis of the condition and how the condition prohibits the student from attending classes and/or completing coursework and indicating confirmation of significant functional impairments that warrant withdrawing from all courses for the term.
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? [ ] Yes [ ] No

If yes, have you met with an ISSS advisor? [ ] Yes [ ] No

Do you have financial aid? [ ] Yes [ ] No

If yes, have you met with a Financial Aid counselor? [ ] Yes [ ] No

Do you have Health Insurance through DU? [ ] Yes [ ] No

If yes, have you contacted HCC? [ ] Yes [ ] No

Have you been on a medical leave of absence from DU before? [ ] Yes [ ] No

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

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 __________________________ Signature __________________________ Date __________________________

Medical Leave of Absence Revised October 2015
The complete Medical Leave of Absence policy is available from the Graduate Policies and Procedures: http://bulletin.du.edu/graduate/academicpoliciesandprocedures/studentwithdrawlfromtheuniversity/.
Section II: Returning from a Medical Leave of Absence

As a condition of accepting a medical leave of absence, students agree to obtain appropriate medical treatment before returning to the University. To be eligible to return, students must submit documentation from an appropriate health care provider. At least two weeks before the start of the term a student plans to return to classes, he or she must submit

1. A letter on clinic letterhead signed and dated by a medical care provider appropriate for the medical condition indicating the student, at the time of the evaluation by the health care provider, is medically able to resume study at the University.
2. The health care provider must also submit a completed Health Care Provider Questionnaire, available from the Office of Graduate Studies (or online at www.du.edu under the Current Students tab, then “Academics” and under “Graduate,” selecting “Medical Leave of Absence.”)

The Associate Provost for Graduate Studies, or the Associate Provost’s designee, has final determination as to whether the documentation the student has submitted is sufficient.

It is the student’s responsibility to submit medical documentation and necessary letters/forms with sufficient time to allow for processing and priority registration if approved to return. All other provisions for returning to the University apply (e.g., registration holds, etc.).

If a graduate student has not been approved to return to study within one calendar year of taking the Leave, the degree time limit is reinstated, and the student will be placed on inactive status until the time to degree expires and/or the appropriate documentation is submitted to the Office of Graduate Studies required to return from a medical leave of absence. S/he may be eligible to reapply.

All other provisions and procedures for non-medical leaves of absence apply. Please review the Personal Leave of Absence policies for more information.

Students may also seek grades of “Incomplete” in their course(s), if eligible. Please see the Graduate Policies and Procedures (http://bulletin.du.edu/graduate/academicpoliciesandprocedures/gradeandreporting/) regarding the incomplete policy for eligibility.
Section II: Returning from a Medical Leave of Absence

To the Health Professional

Dear Health Professional,

You are currently treating a University of Denver student who wishes to return to study from a medical leave of absence. Please write a letter to us including the following information so that we can determine if the student has recovered sufficiently to resume full-time academic coursework:

- For purposes of authentication, please provide the letter on clinic letterhead.
- Describe the problem(s) that required a medical leave of absence, including diagnoses.
- Provide your opinion as to whether the student is able to return to the University of Denver as a full-time student.
- Indicate whether the student was prescribed medication necessary to maintain the stability required to function effectively as a full-time student.

We also ask that you fill out the brief attached questionnaire regarding your treatment of the student and any continued care recommendations. Please return the letter and questionnaire to the Office of Graduate Studies:

Office of Graduate Studies
University of Denver
Mary Reed Building, room 5
2199 S. University Blvd.
Denver, CO 80208-4802
303-871-2706 | 303-871-4566 (fax)
graduatestudies@du.edu

Please contact Molly Hooker (303-871-2706) if you have questions, and thank you for your help.
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? [ ] Yes [ ] No
Did you provide treatment for the above named patient? [ ] Yes [ ] No
Are you continuing to provide treatment? [ ] Yes [ ] 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 [ ] No

Do you consider there to be any safety concerns? [ ] Yes [ ] No
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.