



APPLICATION FOR MEDICAL LEAVE OF ABSENCE for Undergraduate Students

Please read the Medical Leave of Absence policies before completing this application to be sure you are seeking the appropriate leave for your circumstances. The form and policies can be found at <http://www.du.edu/studentlife/advising/forms.html> This form needs to be turned in at the Driscoll Student Center, suite 30 with the appropriate medical documentation.

Name: _____ DU ID Number: _____ Date: _____

CONTACT INFORMATION WHILE ON MEDICAL LEAVE OF ABSENCE

Email: _____ Alternate Email: _____
Home/Permanente Address: _____
City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Secondary Phone Number: _____

- Are you an international student? 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
- Do you live in the Residence Halls? Yes No
If "yes," have you met with your RA or Resident Director? Yes No
- Do you live in Greek Housing? Yes No
If "yes," have you met with Greek Life? Yes No
- Have you previously taken a Medical Leave of Absence? Yes No
If "yes," what were the dates of your leave? _____ to _____

Please check ALL that apply:

- I am currently enrolled in classes and have completed my intent to withdraw (webCentral) or withdrawal form with the Office of the Registrar.
- I am not currently enrolled in classes.

Terms and YEAR for which leave is requested:

Fall Winter Spring Summer 20

Term and YEAR 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 Academic Resources (AR) Office 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 understand your ability to perform as a student. The AR Office is permitted to share information with your healthcare provider regarding the medical leave of absence request and your status as a student at the university.

Student Name (Printed):

Student's Signature:

Date:

For Student Life and Academic Resources Office ONLY

Medical Leave of Absence Approved

Medical Leave of Absence NOT Approved

Is not in good standing

Did not submit appropriate medical documentation

Associate Provost or Executive Director Signature:

Date: