

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 requested 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 while enrolled in an 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. Any student on a medical leave of absence 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 may apply 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 Medical Leave of Absence for Graduate Students 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 Medical Leave of Absence for Graduate Students 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 <u>Academic Calendar</u> on the <u>Office of the Registrar's</u> website for current 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 for Graduate Students 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



leave-of-absence/.

Return this form to:

Office of Graduate Studies

Mary Reed Building, room 5 2199 S. University Blvd. Denver, CO 80208 Phone 303-871-2706 | Fax 303-871-4566 graduatestudies@du.edu

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 Date Full Name	on to the Office of Graduate StudiesStudent ID#	
	Program	
Contact information while on medical leave		
Phone #: Alternate	Phone #:	
Preferred Email Address:		
If you are an international student, are you cur If yes, have you met with an ISSS ad Do you have financial aid? If yes, have you met with a Financial Do you have Health Insurance through DU? If yes, have you contacted HCC? Have you been on a medical leave of absence If yes, what were the dates of your le	visor? Aid counselor?	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
	n to drop my courses should a medical leave be I seek grades of "Incomplete." <i>Please see the I</i>	
Terms for which leave is requested:	☐ Fall ☐ Winter	☐ Spring ☐ Summer 20
Term you plan to return to study (one year	maximum):	☐ Spring ☐ Summer 20
Reasons for requesting a medical leave of a	bsence:	
Exchange of information: By signing this form, you grant permission for	r the DU Office of Graduate Studies (OGS) to ack you are seeking a medical leave of absence	•
	o share information with your healthcare provide	
Student Printed Name	Signature	Date
Medical Leave of Absence Revised Septembe	r 2016 Cy is available from the Graduate Policies and l	Procedures:

http://bulletin.du.edu/graduate/academic-requirements-policies-and-procedures/student-withdrawal-from-the-university/medical-

3



Section II: Returning from a Medical Leave of Absence

As a condition of accepting a medical leave of absence or a tuition refund for medical reasons, 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, the following items must be submitted:

- a signed and dated letter, on clinic letterhead, from 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
- the health care provider must also submit a completed Health Care Provider Questionnaire, available from the Office of Graduate Studies.

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. Students may be eligible to reapply.

All other provisions and procedures for non-medical Leaves of Absence apply. Please review the general (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 regarding the incomplete policy for eligibility.

leave-of-absence/.

4



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

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.



Return this form to:
Office of Graduate Studies

Mary Reed Building, room 5 2199 S. University Blvd. Denver, CO 80208 Phone 303-871-2706 | Fax 303-871-4566 graduatestudies@du.edu

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	d Mental Healt	h 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 University of Denver?	be able to func	tion as a full-time student at the No
If not, is the patient able to function as a full-time studen	t at the Univer Yes	sity of Denver without treatment?
Do you consider there to be any safety concerns? If yes, please describe your concerns	Yes	□ No
To your knowledge, are the parents and/or legal guardian you have provided treatment (if patient is a dependent)?		ent aware of the problem(s) for which
Other comments		
Signature of Treating Professional	Date	
Name of Treating Professional (type or print)	Phone Nun	nber

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:

 $\underline{http://bulletin.du.edu/graduate/academic-requirements-policies-and-procedures/student-withdrawal-from-the-university/medical-leave-of-absence/.}$