



Counseling Center

P.O. Box 2000, SUNY Cortland, Cortland NY 13045

607-753-4728

Request for a Medical Leave of Absence

I, _____, (Date of birth):
_____ am requesting a Medical Leave of Absence for (Fall or Spring):
_____ semester. Because an official leave of absence is not considered an interruption in enrollment, I am still considered a SUNY Cortland student and may re-register for classes as specified by the dean of the school in which I am enrolled. I understand that my medical leave request will be sent to the appropriate administrative offices. I also understand that prior to returning to campus I must provide the Counseling Center with a completed Counseling Center Treating Provider's Questionnaire from a licensed therapist (such as a Clinical or Counseling Psychologist, Licensed Mental Health Counselor or Social Worker) indicating that I am ready to resume my studies at SUNY Cortland. The required form may be located on the Counseling Center website or requested from the Counseling Center as needed.

Signed: _____

Witness: _____

Date: _____