

Medical Leave of Absence Petition



Student Health Services or Counseling Center approval is required. Students are required to work directly with Student Health Services or the Counseling Center to obtain approval. If you have documentation from a practitioner, please provide it to Student Health Services or the Counseling Center.

Students are strongly advised to meet with their academic advisor, financial aid advisor, and associate dean to discuss returning to the College and to develop an academic plan. Students must review the aid and billing policies to determine their tuition liability.

While students are permitted to return to the College without being required to formally readmit, students may have to meet other criteria outlined by Student Health Services or the Counseling Center to return to campus. At minimum, all students who accept a leave of absence must provide written documentation from a licensed medical or mental health provider that states that you have been treated for the condition which required your medical leave, and that you are safe to return to college. Please check with the proper department for specifics.

If a medical leave is not approved, the student will be required to complete the standard leave of absence or withdrawal process to obtain a leave from the College.

Student Name: _____ **Cortland ID Number:** _____

Permanent Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **E-mail:** _____

Major / Program: _____ **School:** Arts & Sciences Education Professional Studies

Have you applied to graduate? Yes No **Are you currently registered for classes at Cortland?** Yes No

Semester you are planning to return to Cortland: Fall 20 _____ Spring 20 _____ Summer 20 _____

Financial Aid Signature: _____ **Date:** _____ or No Aid
Students receiving financial aid, including loans, are required to meet with a financial aid advisor before beginning a leave of absence.

International Programs Signature (If Applicable) _____ **Date:** _____
Exchange students/students attending study abroad programs are required to meet with the International Programs Office before beginning a leave of absence.

Student Comments (Optional): _____

This form will be shared with other College officials where it is required. Please do not include sensitive or protected medical information on this form or within the comments. Additional documentation may be provided directly to Student Health Services or the Counseling Center as needed.

Student Signature: _____ **Date:** _____
In a medical emergency, or when a student is unable, a College medical official may provide a signature in absentia with a documented request.

Official Approval

Student Health Services or the Counseling Center will provide a signature only when the petition is approved. The effective date of leave will be the approval signature date, unless otherwise specified.

Approved Not Approved (No Signature Required)

Recommended Leave Date Effective _____
Based on documentation, only if different from the approval signature date.

Student Health Services or Counseling Center Signature: _____ **Date:** _____

Student Health Services or Counseling Center Comments (Optional): _____

To The Student: Please return this form to the Registrar's Office (Miller 223) only after approval signatures are received from the appropriate offices.

Office Use Only: Routing (As Required): Associate Dean Accounts Financial Aid Residential Life Student Record