

Health Services

Medical Leave of Absence

To Students applying for a voluntary Medical Leave of Absence (MLOA): The University recognizes that in certain circumstances a medical issue may significantly impact a student's academic work that a MLOA for the term is needed. The procedures regarding MLOA as stated in Resolution BR 08-52 authorized by the Board of Trustees of the Connecticut State University System states the following:

“Students are permitted to take voluntary leaves of absence for physical and mental health reasons. If a student so requests, the Student Health Services or Counseling Center will assist a student in determining whether to take a voluntary medical leave of absence and in arranging that leave.”

IMPORTANT: IF YOU ARE SEEKING A MEDICAL LEAVE FOR MENTAL HEALTH REASONS, PLEASE CONTACT COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) BY EMAILING COUNSELING@EASTERNCT.EDU OR BY PHONE: (860) 465-0181.

The following is intended as a checklist for the student seeking a MLOA:

Required:

- Completion of **MLOA Form** by a representative from the Student Health Service or Counseling and Psychological Services. **See last page below.**
- Documentation from a health care provider, on official letterhead, supporting the application for a medical leave of absence noting diagnosis, dates of treatment, and, if applicable, continued treatment recommendations:
 - **Release of information form – see below.** (Student to complete and give to their provider.)
 - **Request for MLOA – Physician/Health Professional Certification form – see below.** (Student's doctor/health care provider to complete and submit to the ECSU Student Health Services.)
- Discussion of possible Financial Aid implications with a Financial Aid Administrator including:
 - Current term and academic year;
 - Repeating courses;
 - Satisfactory Academic Progress.

Prior to requesting a MLOA, the University recommends each student:

- Discuss any possible incomplete or in-progress grades options with faculty prior to applying for this option because, as stated in the catalog, a medical leave of absence is for all courses
- Discuss implications of a MLOA with an Academic Advisor. Discussing future course schedules is also important.

After MLOA is granted:

- The Student will receive an official letter from the Vice President for Student Affairs or designee confirming the MLOA, semester eligible for re-instatement and conditions for re-instatement.
- The Office of Student Affairs will place a hold on the student's account and registration. The Student will be prohibited (hold in Banner system) from enrolling in courses until re-entry has been granted.
- Arrangements must be made with the Resident Assistant or Hall Director to check out of the residence hall if the student lives on campus. The student must move from campus within 48 hours of approval of the MLOA.
- Student employment stops on the date the medical leave goes into effect if the student is employed on campus. The student is responsible for notifying the employer/supervisor.
- It is recommended the student contact the Housing & Residential Life Office (860-465-5297) and Card Services Office (860-465-5060) regarding housing and meal contracts for future semesters.

Request for Re-enrollment following a MLOA:

- The student should contact the Vice President for Student Affairs when ready to request re-instatement.
- The Student must provide medical documentation of readiness to return to academic work and, if applicable, a residential environment (Readiness for Re-instatement from MLOA Form). The student will be restricted (hold in Banner system) from enrolling in courses until these materials are provided and re-instatement is granted.
- After the student has received clearance from Student Affairs and the hold has been removed from his or her Banner Account – the student will be able to enroll in courses and request housing.

Questions may be directed to The Office of Health Services: (860) 465-5263 or healthservices@easternct.edu .



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

MEDICAL LEAVE OF ABSENCE **Frequently Asked Questions**

IMPORTANT: Withdrawing from the semester can affect a student in a variety of ways in which the Student Health Service is not able to counsel or advise. These include, but are not limited to: health insurance eligibility, Financial Aid status, scholarships, departmental standing for certain majors, athletics' status, etc. The student should check with the applicable offices to clarify how his/her particular circumstances will be affected by withdrawal.

Types of Withdrawal:

- a. **Withdrawal** – is an option from dropping courses after the Add/Drop deadline date. A student may withdraw at any time before the last day of classes. Full-time students must consult the Academic Success Center Director or a designee.
- b. **Leave of Absence** – can be granted only by the Academic Dean of the student's school in advance of the leave. The student must specify the semester in which they plan to return. A leave of absence is recorded on the student's official transcript. Students on leave must contact the Registrar to receive an appointment for registration for the semester of their planned return. Failure to register for the approved return semester will result in withdrawal from the University requiring the student to apply for readmission.
- c. **Medical Leave of Absence** – Students are permitted to take voluntary leaves of absence for physical or mental health reasons. If a student so requests, the Student Health Service or Counseling Center will assist a student in determining whether to take a voluntary medical leave of absence and in arranging that leave. Students who are receiving medical or psychiatric services outside of the University will need to provide supporting documentation to either the Student Health Service's or Counseling Center's Director or designee for review and determination of leave.

Common questions and answers regarding the process for a medical leave of absence:

Q: Can I obtain a medical leave for a specific class?

A: No. A medical leave of absence constitutes a complete withdrawal from all classes and school. Medical leave of absence cannot be granted for selected classes.

Q: Would a medical leave of absence show up on my transcripts?

A: The medical leave of absence shows up on transcripts as "W" signifying "withdrawal." Those individuals reviewing a transcript would have no way of knowing the reason for the withdrawal.

Q: How will a medical withdrawal affect my financial aid and/or academic status?

A: You need to get that information from the source of your financial aid and/or your academic advisor.

Q: Will I be able to register for next semester's classes during the registration period?

A: You will not be able to register for classes again or sign up for housing until you have met all the conditions necessary to re-enter the University. Please refer to the *Post-Medical Leave of Absence Re-enrollment* form.

Q: What do I need to do to get a medical leave of absence?

A: It is in the student's best interest to discuss the decision with family or those persons who provide financial support to the student and, therefore, may also be impacted by this decision. If the student is requesting a medical leave of absence for physical reasons, the student will need to provide supporting documentation from the health care practitioner, e.g. doctor, surgeon, providing the care. The initial step will require the student to have the *Request for Medical Leave of Absence Physician/Health Care Professional Certification* (see below) completed and returned to the Director of Student Health Services for review. Once the student is granted the medical leave of absence, additional paperwork for clearance to be re-enrolled will need to be completed.

Q: If I am granted a medical leave of absence for medical reasons, what will I need to do to return to school?

A: Anyone who is granted a medical leave of absence must remain out of school for a minimum of one semester and receive treatment during that time from a licensed health care practitioner e.g., medical doctor, surgeon. When the student is ready to return to school, the treating health care practitioner must document the treatment history on the *"Post-Medical Leave of Absence Re-enrollment Form"* and submit it to the Director of Student Health Services. The student's health care professional will need to address the following points: (1) the student has complied with treatment; (2) the student is stable and ready to return to the unstructured, and sometimes stressful, environment of the university; (3) the student has addressed the issues that led him/her to take a medical leave of absence; and (4) it is in the best interest of the student to return to school. The health care practitioner will also include a diagnosis, prognosis, and, if applicable, recommendations for follow-up treatment. The Student Health Service may ask the student to come in to see us upon return to school if felt necessary.

Q: I was suffering from a medical condition last year and had bad grades. Can I get a retroactive medical leave of absence for that semester?

A: No. The Student Health Service does not grant retroactive medical leave of absences. They are only given for the current semester.

Q: Can I stay in the residence hall if I get a medical leave of absence?

A: Students taking a medical leave of absence will need to move out of their residence hall within 48 hours of leave being granted.

Q: How do I contact or submit documents to the Student Health Service?

A: The Student Health Service mailing address is: 185 Birch Street, Willimantic, CT 06226. The telephone number is 860.465.5263; Fax is 860.465.4560. Our website (with email contact) is <https://www.easternct.edu/health-services/index.html>.



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AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

Student's Name: _____ DOB: _____ Student ID#: _____

Address: _____

Home Phone: () _____ Other phone: () _____

I authorize the Eastern Connecticut State University Student Health Service, at 185 Birch Street, Willimantic, CT 06226 (Fax: 860-465-4560) to:

- Receive from Release to

Name or Institution: _____

Address: _____

Telephone: _____ Fax: _____

The following information pertaining to myself:

- Diagnosis and/or reason for medical leave of absence.
Treatment plan
Prognosis
Other: _____

I understand that the information is to be used for:

- Medical Leave of Absence
Coordination of return to college and determination of any medical needs

Dates of treatment above covered by this release: _____

I understand that I may withdraw this consent at any time prior to the release of above information. This consent, if not withdrawn, will expire on ___/___/___ or one year from the date below.

Signature of Student: _____ Date: ___/___/___

Signature of Parent/Guardian: _____ Date: ___/___/___

Signature of Witness: _____ Date: ___/___/___



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REQUEST FOR MEDICAL LEAVE OF ABSENCE
PHYSICIAN/HEALTH PROFESSIONAL CERTIFICATION

Student's Name: _____ DOB: _____ Student ID#: _____

Address: _____

Home Phone: () _____ Cellular phone: () _____

HEALTH PROVIDER TO COMPLETE – MUST BE ENTIRELY COMPLETED

(PLEASE PRINT OR USE STAMP)

PROVIDER'S NAME _____

ADDRESS: _____

TELEPHONE: () _____

WHAT ARE THE SYMPTOMS OR SPECIFIC MEDICAL CONDITION THAT PRECLUDES THE STUDENT FROM COMPLETING THE CURRENT ACADEMIC SEMESTER? (PLEASE BE SPECIFIC.)

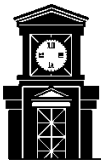
PLEASE INDICATE THE ANTICIPATED DATES THE STUDENT WILL BE UNDER YOUR CARE FOR THIS PARTICULAR CONDITION AND THE SPECIFIC TREATMENT PLAN INCLUDING HOSPITALIZATION AND SURGERY IF APPLICABLE.

DATES: _____

PLAN: _____

PROVIDER'S SIGNATURE: _____ **DATE:** ____/____/____

SUBMIT TO: ECSU STUDENT HEALTH SERVICE, 185 BIRCH STREET, WILLIMANTIC, CT 06226 OR FAX: 860-465-4560



Eastern Connecticut State University

Medical Leave of Absence Request for Undergraduate Full-Time Students

To: Vice President for Student Affairs

A Medical Leave of Absence is being requested by:

Student Name: _____ Eastern ID: _____

Home Address: _____

The Leave is being requested for the following semester(s): _____

Effective Date of Leave _____ Return Semester: _____

The request is supported by (Check one):

____ Counseling and Psychological Services ____ Student Health Services

Name: _____

Signature: _____

As the student requesting this Medical Leave of Absence, I understand and agree to the following:

- The purpose of this leave is to recover from a documented medical or mental health condition, and I will provide adequate proof that I have accomplished this before I will be able to return.
- A Medical Leave of Absence, during the semester, is granted for no longer than one year.
- If I plan to return for a fall semester I must notify the Registrar, in writing, by March 15 for a continuing student registration appointment. If I plan to return for a spring semester I must notify the Registrar, in writing, by October 15 for a continuing student registration appointment.
- A hold will be placed on my registration.
- Supporting documentation and recommendation will remain on file with the Vice President for Student Affairs.
- Any applicable refund of tuition and related fees follow the University’s refund policy.
- At the end of this leave I must register for classes in the next regular semester or provide documentation for an extended medical leave to avoid being withdrawn from the University.

Student’s Signature: _____ Date: _____

Vice President for Student Affairs Approval: _____ Date: _____
(Signature)

Registrar’s Office:
Banner Updates Completed by: _____ Date: _____

Registrar’s Office Distribution List:

____ Bursar/Cashiers ____ Housing ____ Card Services ____ Department Chair ____ Financial Aid ____ Academic Advisor