



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register for classes in the next regular semester or provide documentation for an extended medical leave to avoid being withdrawn from the University.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