



FIDN: [] FCRH and FCLC first-year students should meet with their academic advisor prior to submitting this form.

Student Name: [] Email: [] Contact #: []

College: [] Campus: [] Program: [] Class of: []

I am requesting a medical leave of absence for the [] semester.

If you are requesting an additional semester of medical leave of absence, please complete and submit a separate request form to your School Dean/FCRH or FCLC Advisor (first-years only).

I request a medical leave of absence for the following health reasons: [] Please explain: []

What is the last date you plan to attend or attended classes? [] When do you plan on returning to Fordham? []

Please read each item carefully and initial that you understand the terms and conditions:

* I understand that I am responsible for all outstanding financial obligations to the University. []

* INTERNATIONAL STUDENTS: [] I am a F1 or J1 Visa Student. If you are a F1 or J1 Visa Student, you must contact OIS and your Class Dean/FCRH or FCLC Advisor (first-years only) prior to completing this form.

* I receive financial aid, and understand an Enrollment Group Representative is available to meet with me to discuss any possible financial implications of my withdrawal, including when student loans might become due. []

* I receive VETERAN benefits [] I do not receive financial aid []

For further information regarding the University's refund policies for students who withdraw from all or a portion of their studies, click here.

* I reside in campus housing, and understand a Residential Life Representative is available to assist with necessary steps required for withdrawal. [] I do not reside in campus housing []

RETURNING TO FORDHAM UNIVERSITY: I have read the Medical Leave of Absence Policy (located on the following page), including the information provided related to Fordham University's re-entry process and I agree to accept the imposed conditions and deadlines. I agree to provide all of the required medical documentation related to this medical leave request. I agree to abide by these terms and conditions and therefore request that I be granted a Medical Leave of Absence for the above-stated health reasons. I attest that the above-stated information is true and reflects my medical condition. []

Please print, sign and take completed form to your School Dean/FCRH or FCLC Advisor (first-years only) for approval & signature.

Student Signature: [] Date: []

This date will henceforth be known as your "Intent Date" and is the date Academic Records will use to indicate the start of your LOA.

For Dean's/FCRH or FCLC Advisor (first-years only) Use:

Last date of Academic Related Activity¹ [] [] Delete future semesters' courses. []

Dean/Advisor Signature: [] Date: []

- Academic Related Activities
Class
Examination or Quiz
Completed or handed in an assignment, paper or project
Tutorial
Computer-assisted instruction
Academic conference
Attended an Institution run study group where attendance taken
Dissertation mentoring or advisement

Additional Comments: []

For Enrollment Services Use:

Date Processed: [] By: [] Notes: []



Office of ACADEMIC RECORDS

Medical Leave of Absence Policy

Statement of Purpose:

Fordham University is concerned about its students' health and well-being, and is interested in students receiving appropriate physical or mental health care when necessary. A student experiencing physical or psychological conditions that significantly impair his/her ability to function successfully or safely as a student may decide that a period of time away from Fordham University for treatment or recovery is warranted. This time away from the University may help to restore functioning to a level that will enable the student to return and perform successfully in the classroom and within the campus community.

When to Request a Medical Leave of Absence:

A student may request that a medical leave of absence start during a semester in which a student is currently enrolled, or start with the next semester on the academic calendar. In the event that a student starts a medical leave of absence during a semester, all courses on the student's transcript for that term will be assigned marks of "W" to indicate a withdrawal from those courses. When a medical leave of absence applies to a forthcoming semester, no grades will be applied and the student's transcript will indicate "Leave of Absence." When the medical leave of absence is processed, the student's course registrations for future semesters, if any, may be deleted (at the discretion of the Dean/FCRH or FCLC Advisor {first-years only} approving the request).

Expectations:

It is expected that a student on a medical leave of absence from the University will use the leave for treatment and recovery. Fordham University has established criteria regarding the student's eligibility for returning to the campus community. These criteria include, but are not limited to, evidence that the condition which precipitated the medical leave of absence has been treated or ameliorated and will no longer adversely affect the student's ability to participate as a student in the University. Compliance with the treatment expectations is primary in the University's decision to approve the return of the student to Fordham.

How to Request a Medical Leave of Absence:

A student requesting a medical leave of absence must complete the attached Medical Leave of Absence Request Form and submit it to the class Dean/FCRH or FCLC Advisor (first-years only) of his/her college, and provide supporting medical documentation. A medical leave of absence may be requested for up to two semesters, including a semester during which a student is enrolled in courses; a separate form must be submitted for each such semester. Students seeking additional semesters of medical leave will need to complete a new Request Form and provide updated documentation.

In cases where the leave is taken for mental health reasons, it is strongly recommended that, prior to the start of an approved medical leave of absence, that the student meet with a member of Counseling and Psychological Services (CPS) for consultation. In cases where the leave is related to a physical condition, it is strongly recommended that the student meet with a member of Student Health Services (SHS) for consultation. CPS and SHS will make every effort to assist the student prior to the start of the leave.

How to Return to the University after a Medical Leave of Absence:

The student who wishes to return to the University from a medical leave of absence, will need to complete the Student Affairs Mental Health and Medical-Related Re-Entry Process, adhering to their deadlines and requirements. More information about the Re-Entry Process can be found on the website at www.fordham.edu/reentry.

Student Affairs Re-Entry staff schedules a re-entry cycle three times per year and students may submit documentation to return for their desired semester (fall, spring, or summer). Students on a medical leave receive information and deadlines for the process at the start of each re-entry cycle. Once a student's college or school confirms that a student is eligible to resume study, Re-Entry staff will proceed with re-entry for the desired semester.

In order to return, the student must follow the re-entry process as summarized in the University Regulations section of the Student Handbook. This process may require that the student present documentation verifying readiness to return and participate in an evaluation conducted by University staff. The re-entry process is managed by staff in the student life area in cooperation with the colleges and schools and relevant offices such as Counseling and Psychological Services and/or Student Health Services.

Students and families seeking more information about the re-entry process are encouraged to contact the Office of Residential Life (718-817-3080; reentryrh@fordham.edu) if at the Rose Hill campus, or the Dean of Students (212-636-6250; deanofsalc@fordham.edu) if at the Lincoln Center or Westchester campus.