



Office of ACADEMIC RECORDS
Medical Leave of Absence

FIDN: []
Student Name: [] Email: [] Contact #: []
College: [] Campus: [] Program: [] Class of: []

I am requesting a medical leave of absence for the [] semester. If an additional term is requested, please indicate here: []

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. []
* 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 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 an 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 for approval & signature.

Student Signature: [] Date: [] This date will henceforth be known as your "Intent Date"

For Dean's Use: Last date of Academic Related Activity 1 []
Dean's Signature: [] Date: []
Additional Comments: []
1 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

COPY TO: Student Support, located at Alumni Court South Basement (718-817-3948) if at the Rose Hill campus -or- Dean of Students, located at Lowenstein 408 (212-636-6250) if at the Lincoln Center or Westchester campus.

For Enrollment Services Use:
Date Processed: [] By: []



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."

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 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. 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 Fordham after a medical leave of absence must notify the class Dean of his or her college in writing by June 1 (for return in the Fall semester), March 1 (for summer session 1), April 1 (for return in the summer session 2, if applicable), or October 15 (for return in the Spring semester). The college Dean will review the student's record and determine the academic eligibility of the student for return to the University. When academic eligibility is confirmed, the college Dean will submit the letter of request from the student and confirmation of eligibility to the Student Support area (Rose Hill) or the Dean of Students (Lincoln Center). These areas manage the re-entry process for each campus. The Student Support area will then initiate the re-entry process regarding medical documentation.

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 Student Support, located at Alumni Court South Basement (718-817-3948) if at the Rose Hill campus, or the Dean of Students located at Lowenstein 408 (212-636-6250) if at the Lincoln Center or Westchester campus.