

THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE – TUCSON

**MEDICAL LEAVE OF ABSENCE REQUEST FORM**

Student Name: \_\_\_\_\_

Leave of Absence Start Date: \_\_\_\_\_

Leave of Absence End Date: \_\_\_\_\_ (no longer than 6 months from start date)

By my signature below, I am requesting a medical leave of absence from the College of Medicine – Tucson to address my own personal or mental health needs. I understand that taking a leave of absence may affect my academic progress or delay my graduation date. I further acknowledge that it is my responsibility to determine the impact a leave of absence may have on my financial aid and/or scholarships. I understand that I am not required to participate in the curriculum during a Leave of Absence. I understand that I must seek advance permission, in writing, from the Associate Dean of Curricular Affairs, to participate in any curricular activity – including exam retake, remediation, or USMLE Step 1 or 2, during my leave of absence. I acknowledge that participating in a curricular activity while on a Leave of Absence is wholly voluntary and that unfavorable results will not be invalidated on the basis of my leave status.

I have read and understand the UACOM-T [Leave of Absence Policy \[LINK\]](#).

I understand that I must follow and comply with the attached instructions when requesting or returning from a leave of absence.

I have met with my House Dean, Financial Aid, and Registrar to obtain information and education about my leave of absence request.

I understand that if I fail to timely return from a leave of absence, whether for medical or non-medical reasons, the Associate Dean for Student Affairs will advise the Vice Dean for Education and I will be Academically Dismissed from the College.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**COLLEGE OF MEDICINE – TUCSON**  
**MEDICAL LEAVE OF ABSENCE REQUEST - INSTRUCTIONS**

**To REQUEST a medical leave of absence:**

Obtain documentation from a licensed health care provider which contains the following information:

- A. The general nature of the mental or physical condition that prevents you from continuing your education at the present time;
- B. The approximate date of onset of the mental or physical condition;
- C. The dates through which such condition is anticipated to continue;
- D. The date on which you anticipate being able to resume your education.

Provide this Leave of Absence request form and your Health care provider's documentation to *Campus Health Service* to the attention of:

Michael Stilson, MD  
Medical Director, Campus Health Service 1224 E.  
Lowell Street, Building 95  
Tucson, AZ 85721  
FAX: (520) 621-8412 or  
Email: Terri West (theresaw@arizona.edu)

Campus Health Service will review the documentation. If the documentation supports a medical leave based upon the student's own mental or physical health needs for the time period requested, it will issue a "Verification of Health-related Reasons for Request for Leave of Absence" form to the student (hereafter "Verification Form"). The Verification Form will include the date the MLOA form was submitted to Campus Health and the dates through which such condition is expected to continue, but will *not* include information related to the nature of the condition. This Verification Form will be sent from Campus Health Service to UACOM-T Registrar's office.

NOTE: UACOM-T will not honor a retroactive LOA, a LOA cannot be effective prior to the date the request is submitted. MLOA are limited to maximum of 6 months prior to renewal. Prior to any renewal or extensions of MLOAs, the student will meet with the Associate Dean for Student Affairs or an Assistant Dean for Student Affairs to discuss MLOA renewal plans with the student affairs team (Registrar, Financial aid, and Learning Specialist).

**To RETURN from a medical leave of absence:**

the approved medical leave of absence ends, the student must:

- Provide the College's [Technical Standards \[LINK\]](#) to a licensed health care provider.
- Obtain documentation from a licensed health care provider which certifies that you have the ability to return to the educational program and perform the [Technical Standards \[LINK\]](#).

- Present the health care provider's documentation to Campus Health Service.
- Meet with the Associate Dean for Student Affairs or an Assistant Dean for Student Affairs to discuss reintegration plans.

NOTE: You must complete **all** of these steps no later than **5 business days prior to** last date of your requested leave of absence.