

**THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE
LEAVE OF ABSENCE REQUEST FORM**

I, _____ (name), am requesting a leave of absence from the College of Medicine from _____, 20__, (Day, Month, and Year) until _____, 20__, or until earlier released by a health care provider (if my request for leave of absence is based upon my own mental or physical illness or injury or disability). I understand that non-medical requests for leave of absence or requests to extend medical leaves of absence will be presented to the Student Progress Committee for approval, and that I may be requested to provide further information to the Student Progress Committee regarding the nature of the activities in which I will engage during this leave of absence. I certify that the information provided below is true and accurate.

My leave of absence is based upon my own mental or physical illness, injury or disability.

If you checked this box, to request a Medical Leave of Absence, you must:

- I. Obtain medical documentation from a licensed health care provider, or a letter on that health care provider's letterhead, which contains the following information:
 - A. The approximate date of onset of the mental or physical illness or injury or disability giving rise to the circumstances surrounding the request for leave of absence, and the dates through which such condition is anticipated to continue;
 - B. The general nature of the mental or physical illness or injury or disability that prevents you from continuing your education at the present time;
 - C. The date on which you anticipate being able to resume your education.

- II. Provide the letter or medical 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

Campus Health Service will review the documentation and, if it satisfies the request for a leave of absence based upon your own mental or physical illness or injury or disability for the time period requested, it will issue a "Verification of Health-related Reasons for Request for Leave of Absence" form. The Verification form will include the dates of onset of the condition and the dates through which such condition is expected to continue, but will **not** include information related to the nature of the condition. You must attach the approval form to your Request for Leave of Absence and return it, along with this form, to the Office of the Associate Dean for Student Affairs for the College of Medicine.

- III. Provide Student Affairs with your contact and emergency contact information

You are also strongly recommended to:

- I. Meet regularly with your health care provider
- II. Meet with the Registrar and Financial Aid Director

If you checked the above box, when returning from a Medical Leave of Absence, you must:

- I. Meet with your health care provider to approve your return prior to the expiration of your leave of absence
- II. Obtain medical documentation from your licensed health care provider, or a letter on that health care provider's letterhead, certifying that you are able to return to the educational program and perform the Essential Qualifications
- III. Present the health care provider's certification to Campus Health Service

Campus Health Service will review the documentation and, if it satisfies the request to return from your medical leave of absence, it will issue a verification that you are able to return to the educational program upon the expiration of your medical leave of absence. You must present the verification to the Office of the Associate Dean for Student Affairs for the College of Medicine.

- IV. Meet with your House Dean to discuss your plans for reintegration

By signing below, I acknowledge I have read the above and I grant permission for Campus Health Service to send the paperwork for my Medical Leave of Absence to the College of Medicine Student Affairs Office.

I understand that the Associate Dean for Student Affairs will advise the University Registrar if I fail to return from an approved leave of absence, whether for medical or non-medical reasons and that the COM also will disenroll me from the college. If I seek to resume my medical studies at the COM, I may apply to the COM by submitting an appropriate application through the COM's Admissions Office. If readmitted, I will be required to appear before the Student Progress Committee to determine the appropriate manner in which I will reintegrate into the COM.

Date: _____

Name: _____

Signature: _____

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- My request for leave of absence is based upon circumstances *other than* my own physical or mental illness or injury or disability [including, but not limited to taking advantage of additional educational or research opportunities outside of the College of Medicine, to address other matters of a personal nature, including, without limitation, maternity or paternity, caring for a family member with a serious medical condition, military obligations, or academic enrichment opportunities (such as special training, research, or fellowship opportunities)].

If you checked this box, attach a separate Personal Statement, which addresses the following, and return it and this form to the Office of the Associate Dean for Student Affairs. Include:

1. The reason(s) that you are requesting the leave of absence, the length of time you are requesting the leave, and the anticipated return date.
2. How you anticipate reintegrating into the College of Medicine upon your return from your leave of absence.

You also must attach additional supporting written documentation, such as: an invitation to participate in an internship, externship, research-related endeavor or fellowship and the goals the student plans to achieve while on leave; a statement from a health care provider related to the student's need to care for another person; a statement from the military requiring the student's attendance; police reports; an obituary or death certificate; or court documentation or a letter from an attorney or other professional detailing the reasons for the student's request for a leave of absence. If the student is unable to provide supporting documentation, then the student must state the reason he or she is unable to do so. Upon receipt of this request, the Associate Dean for Student Affairs will present it, along with the supporting documentation, to the Student Progress Committee for review and approval, if appropriate.