Date: _____

To: Dr. Kim Fenesy
        Senior Associate Dean for Academic Affairs

Re: Request for Medical Leave of Absence Due to Maternity

Name:_____ Class Year_____ Clinic Group____

Cell #_____ Home Address:_____

Home telephone #:_____ Email address:_____

I am requesting to take a medical leave of absence as I am anticipating having a child on or about
_____, and I plan on taking _____ weeks of leave, and returning to school on _____.

I understand I am responsible to provide a note from my physician including the start date (of
expected delivery) and anticipated date of return PRIOR to my medical leave of absence. It is
understood that the start date, end date, and length of leave may change depending on medical
circumstances. If my physician later determines that I need to start the requested leave earlier, or
end it later, he or she will forward a note to the school notifying them of the reason for and
revised dates.

In order to return to school and resume activities as a full-time student, my physician will
provide a note verifying that I am medically cleared to return to school, prior to my arrival back
at school. If there are any restrictions on my activities, my physician will include such notation in
his or her letter, and estimate the duration of such restrictions. If accommodations are required,
they will be requested in accordance with the policy outlined on pages 105 – 109 of the RSDM
Student Handbook. All my letters and physician documentation will be submitted directly to Ms.
Pat Wagner in the Office of Student Affairs, Room B825.

I understand that there is no guarantee that I will be reinstated or placed back into the curriculum
with my current class. Depending on when the leave occurs and its duration, it is possible to miss
too much time from a course or clinic to make up the work.

I will work with Academic Affairs and course directors to make up any missed exams as soon as
possible upon my return to school.

Thank you for consideration of this request,

_____
Signature