

Date: \_\_\_\_\_

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

Re: Request for Medical Leave of Absence

Name: \_\_\_\_\_ Class Year \_\_\_\_\_ Clinic Group \_\_\_\_\_

Cell # \_\_\_\_\_ Home Address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

I am requesting to take a medical leave of absence due to \_\_\_\_\_, beginning on (date) \_\_\_\_\_ and I expect to returning to school on \_\_\_\_\_ (date), for a total duration of \_\_\_\_\_ (number of weeks/months).

I understand I am responsible to provide a note from my physician documenting the condition named above, its diagnosis and prognosis, recommended start date of leave and anticipated date of return prior to beginning 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