



Medical Leave of Absence or Course Reduction Documentation Form

NOTE: This form is to be completed by the student's health care provider with information relevant to the student's request for a leave of absence from the university or course load reduction, as defined below.

Medical leave of absence (MLOA): A voluntary withdrawal from the University in order to improve mental or physical health, which has been supported by a medical or mental health provider and approved by the Dean of Academic Achievement. The university tuition refund policy applies, effective from the date the MLOA is requested.

Medical course load reduction (MCLR): A voluntary course load reduction after published deadlines for withdrawing from courses, which is granted in order to improve mental or physical health. Students who go below 12 credits (full-time status) may continue to participate in the university, however, this may affect financial aid packages and/or loans.

Please complete this form and submit it directly to:

Center For Academic Success
514 University Avenue, Fisher Hall 2nd Floor
Susquehanna University
Selinsgrove, PA 17870
Fax: 570-372-2778
Office Phone: 570-372-4412

Form with fields: Health Care Provider Name, Student Name, Health Care Provider Address & Phone Number, Dates of Treatment, Profession and License Number, Diagnosis

Please indicate specific findings that have impeded the student's class attendance and/or participation.

What alternatives to course withdrawal(s) or leave of absence have been considered or tried?

What interventions and treatment do you recommend while the student is on medical leave/has a reduced course schedule?

Health Care Provider Signature

Date

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