



ENGLE CENTER FOR COUNSELING
AND HEALTH SERVICES

REQUEST FOR MEDICAL LEAVE

Name _____ Cell Phone No. _____ ID Number _____ Today's Date _____
Last date attended class: _____ Last day in residence hall: _____

I, _____, am applying for medical leave for the _____ semester(s), 201__.
I understand that if I wish to return for the _____ semester I must inform the Engle Center for Counseling and Health Services of my intentions by _____. (Aug 1 for Fall; Dec. 1 for January)

I am / am not pursuing teacher certification. (Circle correct response.)

I am / am not currently involved in a disciplinary or academic dishonesty proceeding. (Circle correct response.)

I understand that I will not get any credit for classes for this semester (and will receive W's for them), unless my professors have agreed to work with me to enable me to finish classes from home. If I intend to complete any courses, I understand that my professor(s) must be consulted and they must agree to work with me. (List any classes you intend to complete below.)

I understand that in order to be considered for return, I must sign a release allowing my provider(s) to speak with Ellie Addleman, Director of Counseling and Health Services, or her delegate, to discuss my progress and readiness to return to college. I understand that I may register for classes and sign up for a housing assignment for the semester in which I wish to return, but that registration is contingent upon my being accepted to return from medical leave.

I also understand that my return is dependent upon my full compliance with any stipulations for treatment communicated to me at the time of my departure from Messiah.

Student Name

Courses I wish to finish after I leave (if any):

For more information about the Medical Leave policy, go to:

www.messiah.edu/offices/student_affairs/student_handbook/resources/summary.pdf

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