

ENGLE CENTER FOR COUNSELING AND HEALTH SERVICES

REQUEST FOR MEDICAL LEAVE

Name	ID Number	·	Today's Date
Cell Phone No	Last date attended class: _	La	st day in residence hall:
I am applying for medical lea	ve for the		semester(s), 20
I understand that if I wish to August 1 for Fall return or De		se	mester I must submit my application materials by
	ner certification. (Circle correct respon ved in a disciplinary or academic disho	-	e correct response.)
Counseling and Health Service for a housing assignment for	ces and discuss my progress and readi the semester in which I wish to return stand that my return is dependent upo	ness to return to college. n, but that enrollment is o	ovider(s) to communicate with the Director of I understand that I may register for classes and sign up contingent upon my being approved to return from h any stipulations for treatment communicated to me at
semester and my professors		h classes from home. If I i	for them), unless my leave begins in the final 40% of the ntend to complete any courses, I understand that my o complete my coursework.
	Courses I wish to finish after I leave	e (if any) (available only d	uring final 40% of semester):
			
Student Signatu	ure		
For complete Medical Leav	e policy and instructions go to: www	v.messiah.edu/info/2089	8/educators/1432/medical_leave
Office use only: Status: Medi	cal Leave Medically Ex	cused	
Approved by		Date_	
Leave effective date		Semester(s)	
Approved to extend by		Date	Semester