MEDICAL LEAVE OF ABSENCE FORM

Reed College Student Services • Eliot 218 • 3203 SE Woodstock Blvd., Portland, OR 97202 • 503.777.7521

About medical leaves: A medical leave of absence may be available for students who have medical or psychological conditions that severely limit their ability to perform their academic work. Students who would like to request this type of leave of absence should begin by meeting with a staff member in Health and Counseling. Medical leaves of absence are granted by one of the Student Services Associate Deans in consultation with Reed's Health and Counseling Services, and are based on the written recommendation of a physician or mental health professional.

To request a medical leave of absence: This form must be completed, signed and returned to Student Services in Eliot 218. Student Services must additionally receive the written recommendation from a physician or mental health professional before the request may be processed. Once both the form and letter are received, one of the Associate Deans will review all documentation provided and if approved, the leave will be processed. During the time of the leave, students must actively engage in appropriate treatment as recommended by their physician or mental health professional.

Credits and refunds: Students who take a medical leave during the semester will earn no academic credit for the semester and will be refunded for tuition and room and board on a daily pro-rata basis calculated by the business office. If the medical leave is granted after the final deadline to drop without a W grade, but before the end of the semester, W will be recorded on the transcript for all enrolled courses.

Name _____ Leave Start: ❒ Fall of _____ ❒ Spring of _____

Reed ID _____ Class: ❒ Freshman ❒ Sophomore ❒ Junior ❒ Senior

Current Address *(dorm and room number if on campus):* _____

Permanent Address _____

On Leave Address _____

On Leave Phone _____ Non-Reed Email Address _____

PLEASE NOTIFY THE REGISTRAR'S OFFICE OF ANY ADDRESS CHANGES WHILE YOU ARE ON LEAVE

Physician or mental health professional recommending medical leave of absence:

Name _____

Address _____

_____

Phone _____

REQUIRED: Signature and effective date provided by the Director of Health & Counseling prior to obtaining any additional required signatures (*see below*):

_____

Director of Health & Counseling **Date**

Effective Date_____

Note: This form must be completed and turned in to Eliot 218 by 5pm on the 3rd business day following the effective date.

ADDITIONAL REQUIRED SIGNATURES

_____ _____

Student Date Student Services, Eliot 218 Date

_____ _____

Financial Aid, Eliot 202 Date Business Office, Eliot 307-308 Date

_____ _____

International Student Services, if applicable, GCC 104 Date Residence Life, if applicable, 28West Date

OFFICE USE ONLY

Registrar's Office	**Business Office**	**Residence Life**	**Student Services**
Term classes dropped	Perkins/Reed Loan	Move-out date	Processed on/by
Term classes dropped	TMS	*(Typically 3 days after effective date)*	Student Notified (remote) by/on
Term coded	Waiver		Date notified of extension/return
SFAWDRL	Room & Board		Return date
MS Box Deleted	Bookstore		Extension's return date
Processor Initials/date	Facilities		

Revised 02/11