



### **Request for a Medical Leave of Absence**

I, \_\_\_\_\_, (Date of birth): \_\_\_\_\_ am requesting a Medical Leave of Absence for the Fall/Spring \_\_\_\_\_ semester(s). Because an official leave of absence is not considered an interruption in enrollment, I am still considered a SUNY Cortland student and may re-register for classes as specified by the dean of the school in which I am enrolled. I understand that my medical leave request will be sent to the appropriate administrative offices. I also understand that prior to returning to campus I must provide the Counseling Center with a completed Counseling Center Treating Provider's Questionnaire from a licensed therapist (such as a Clinical or Counseling Psychologist, Licensed Mental Health Counselor or Social Worker) indicating that I am ready to resume my studies at SUNY Cortland. The required form may be located on the Counseling Center website or requested from the Counseling Center as needed.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

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

