



**P.O. Box 2000, SUNY Cortland, Cortland NY 13045
607-753-4728**

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: _____

