



Medical Leave of Absence Student Petition

A leave of absence from the University for medical reasons requires a recommendation from a clinician in the Health Center for Student Care and the approval of the appropriate Dean's office.

Please complete this petition and submit to the Academic Advisor or Case Manager you are working with. The Academic Advisor or Case Manager will submit your petition to the Medical Director of Campus Health or their designee.

Name:

Date:

SID#:

Email:

Semester & Year of Requested Withdrawal/Leave:

Current Semester

Future Semester

Summer

Fall

Spring

Year

Semester & Year of Anticipated Return:

Summer

Fall

Spring

Year

Graduate, Professional or SOPA (school):

Newcomb Tulane College

Advisor:

Have you previously taken a medical withdrawal-leave of absence?

Yes

No

For Office Use Only:

Campus Health

Approve

Need Additional Information:

Deny, Reason:

Signature:

Date:

Dean's Office

Approve

Need Additional Information:

Deny, Reason:

Signature:

Date:



Medical Withdrawal – Medical Leave of Absence Questionnaire

Please answer the following questions to help us understand your reasons for requesting a leave, and to provide other information you would like us to know.

1. What are your reasons for taking a medical withdrawal-leave of absence? Briefly describe the circumstances that are impacting/have impacted your ability to complete the semester in question.
2. Specify when the condition began or worsened during the given semester.
3. Are you currently or have you previously received treatment for the above listed condition(s)? If so, please list the providers you are working with.
4. What are your plans for your time away? Specify the actions you will take and the resources you will use to address the issue/situation/challenge.

I affirm that the statements above are accurate.

Student Signature

Date

