



Return from Medical Leave Student Petition

<u>Deadlines to Petition</u>	
To Return:	Submit Petition By:
For Fall	July 1
For Spring	December 1
For Summer	May 1

Name:

Date:

SID#:

Phone #:

Address:

Date of Leave:

(Include Year)

- Fall
- Spring
- Summer

Date of Anticipated Return:

(Include Year)

- Fall
- Spring
- Summer

Answer the questions below in as much detail as possible.

1. Describe the circumstances that lead to your medical leave of absence. Include the medical issues as well as any additional factors that impacted your decision.

2. While on leave, how did you work to address the issues you identified in question #1? (Please be specific; provide detailed information about clinical treatment; include program descriptions, dates of treatment names of treatment providers etc.)



3. In addition to addressing your medical issues, what else did you do while on leave? How did this help you assess your ability to resume full-time studies?

4. How do you feel the circumstances that lead to your medical leave of absence will impact your ability to resume full-time study? What mechanisms have you put in place to ensure you successfully transition back to school?

5. What sources of support and accountability have you identified to help you successfully resume your studies? Include on and off campus services and detailed information about your support network. Examples include, but are not limited to, therapy, success coaching, regular appointments with advisor, tutoring/supplemental instruction, etc .

