



Medical Leave of Absence or Course Reduction Request Form

NOTE: This form is to be completed by the student to request a leave of absence from the university or course load reduction, as defined below.

Medical leave of absence (MLOA): A voluntary withdrawal from the University in order to improve mental or physical health, which has been supported by a medical or mental health provider and approved by the Dean of Academic Achievement. The university tuition refund policy applies, effective from the date the MLOA is requested. Your transcript will show a grade of "W" for all courses during the current semester.

Medical course load reduction (MCLR): A voluntary course load reduction after published deadlines for withdrawing from courses, which is granted in order to improve mental or physical health. Students who go below 12 credits (full-time status) may continue to participate in the university, however, this may affect financial aid packages and/or loans. Your transcript will show a grade of "W" for each course from which you withdraw during the current semester.

Please complete this form and submit it directly to:

Dean of Academic Achievement
514 University Avenue, Fisher Hall 206
Susquehanna University
Selinsgrove, PA 17870
Fax: 570-372-2778
Office Phone: 570-372-4412

Student's Name: Student ID -- Last 3 Digits

Phone Number: Email

I am requesting a medical withdrawal from
[] all courses
[] only the course(s) listed below

Please indicate semester & year: Fall ___ Winter ___ Spring ___ Summer ___ 20___

Table with 4 columns: Course Title, Course Number, Last Date Attended, Instructor

Please respond to additional questions on the second page ->

Please explain the reason for this request:

Do you plan to return to Susquehanna? Yes ____ No ____ Unsure ____

Have you engaged in any of the following safety-related behaviors in regard to this diagnosis?

- | | |
|---------------------------|--|
| ____ Yes ____ No ____ N/A | Managing academic stress and academic rigors |
| ____ Yes ____ No ____ N/A | Self-care (e.g. adequate sleep, time management, nutrition, |
| ____ Yes ____ No ____ N/A | Managing symptoms |
| ____ Yes ____ No ____ N/A | Managing the social demands of college life |
| ____ Yes ____ No ____ N/A | Suicidal ideation |
| ____ Yes ____ No ____ N/A | Suicidal behaviors |
| ____ Yes ____ No ____ N/A | Self-injury behaviors |
| ____ Yes ____ No ____ N/A | Substance abuse behaviors |
| ____ Yes ____ No ____ N/A | Failure to maintain weight at minimum of 90% of ideal body weight
for height |
| ____ Yes ____ No ____ N/A | Food binging or restricting |
| ____ Yes ____ No ____ N/A | Food purging or any other potentially harmful compensatory
behaviors used for weight management (e.g., use of laxatives,
excessive exercise, etc.) |
| ____ Yes ____ No ____ N/A | Behaviors that threaten others (e.g. violence, stalking) |
| ____ Yes ____ No ____ N/A | Other: |

BEFORE YOU GO...

- If you are a financial aid recipient, please contact Student Financial Services at sfs@susqu.edu or 570-372-4450 to discuss how a medical leave of absence or course load reduction may affect your aid package.
- Please contact Residence Life at residencelife@susqu.edu or (570) 372-4133 to arrange moving out of your campus residence.

Student Signature

Date