

## MEDICAL LEAVE OF ABSENCE FORM

**Reed College Student Services • Eliot 218 • 3203 SE Woodstock Blvd., Portland, OR 97202 • 503.777.7521**

**About medical leaves:** A medical leave of absence may be available for students who have medical or psychological conditions that significantly limit their ability to perform their academic work. Students who would like to request this type of leave of absence should begin by meeting with either an Associate Dean in Student Services or with a staff member in Health and Counseling. Medical leaves of absence are granted by one of the Student Services Associate Deans in consultation with Reed's Health and Counseling Services, and are based on the written recommendation of a physician or mental health professional.

**To request a medical leave of absence:** This form must be completed, signed and returned to Student Services in Eliot 218. Student Services must additionally receive the written recommendation from a physician or mental health professional before the request may be processed. Once both the form and letter are received, one of the Associate Deans will review all documentation provided and if approved, the leave will be processed. During the time of the leave, students must actively engage in appropriate treatment as recommended by their physician or mental health professional.

**Credits and refunds:** Students who take a medical leave during the semester will earn no academic credit for the semester and will be refunded for tuition and room and board on a daily pro-rata basis calculated by the business office. If the medical leave is granted after the final deadline to drop without a W grade, but before the end of the semester, W will be recorded on the transcript for all enrolled courses.

Name \_\_\_\_\_ Leave Start:    Fall of \_\_\_\_\_    Spring of \_\_\_\_\_  
 Reed ID \_\_\_\_\_

Class:            Freshman    Sophomore    Junior    Senior  
 Current Address (*dorm and room number if on campus*): \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 On Leave Address \_\_\_\_\_  
 On Leave Phone \_\_\_\_\_ Non-Reed Email Address \_\_\_\_\_

**PLEASE NOTIFY THE REGISTRAR'S OFFICE OF ANY ADDRESS CHANGES WHILE YOU ARE ON LEAVE**

Physician or mental health professional recommending a medical leave of absence:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**REQUIRED SIGNATURES**

Student _____	Date	Student Services, Eliot 218 _____	Date
Financial Aid, Eliot 202 _____	Date	Business Office, Eliot 307-308 _____	Date
International Student Services, if applicable, Eliot 204A _____	Date	Residence Life, if applicable, 28West _____	Date

Effective Date \_\_\_\_\_

**OFFICE USE ONLY**

Registrar's Office	Business Office	Residence Life	Student Services
Classes dropped	Perkins/Reed Loan	Move-out date	Processed on/by
Classes dropped	TMS		Student Notified (remote) by/on
Sem coded	Waiver		Date notified of extension/return
SFAWDRL	Room & Board		Return date
MS Box Deleted	Bookstore		Extension's return date
Processor Initials/date	Facilities		