



MEDICAL LEAVE OF ABSENCE APPLICATION

Student Information	
Name: _____ Student ID: _____ Date: _____	
Email address: _____ Phone number: _____	
Major(s): _____ or <input type="checkbox"/> Undeclared Advisor(s): _____	
Anticipated Graduation Date: _____ (e.g. May 2022)	
When would you like your leave of absence to begin? <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Other: _____	
For how many semesters are you requesting a leave of absence? <input type="checkbox"/> One semester <input type="checkbox"/> Two semesters <input type="checkbox"/> Other: _____	
IMPORTANT: If taking a leave during the current semester, when was the last date you attended class? _____	
Explanation (please briefly describe need for leave of absence): _____ _____	
IMPORTANT: You must attach a signed statement from your doctor supporting the need for a medical leave of absence.	
Contact Information During Leave	
Address: _____ City: _____ State/ZIP: _____	
Phone Number: _____ Email: _____	
Signatures	
Student's signature: _____ Date: _____ 20____	
Financial Aid	If you borrowed student loan(s), please be aware that the federal government limits approved LOAs to a maximum of 180 days. If your LOA exceeds 180 days, you are considered to have ceased attendance and Manhattanville will have to report the withdraw date retroactively as of the last day you attended classes. This could mean that you begin repayment of your loans immediately without a 6 month (180 day) grace period.
Manhattanville Staff	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Signature: _____ Date: _____ 20____	