

MEDICAL LEAVE OF ABSENCE APPLICATION

Student Information

Name: _____ Student ID: _____ Date: _____

 Major(s): _____ or Undeclared Advisor(s): _____

Anticipated Graduation Date: _____ (e.g. May 2022)

When would you like your leave of absence to begin?

 Fall semester Spring semester

 Other: _____

For how many semesters are you requesting a leave of absence?

 One semester Two semesters

 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 have received any federal financial aid, please be aware that the federal government limits approved LOAs to a maximum of 180 days. If you do not return within 180 days from your last date of attendance, 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 and you may owe money to the institution.

Manhattanville Staff
 Approved Not Approved

Signature: _____ Date: _____ 20__