

APPLICATION FOR MEDICAL LEAVE OF ABSENCE

Return this form to: Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866
Or send via email from student's Skidmore email account to: advising@skidmore.edu

Last Name	First Name	Class Year	Skidmore ID#
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Faculty Advisor Name	Student Phone	Student Email
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The maximum duration of a leave is two sequential semesters. If you do not return to study in the semester indicated, you will be administratively withdrawn from the College and may apply for readmission.

I am applying for a medical leave of absence for: **Fall 20** _____ **Spring 20** _____

The semester I am planning to return to Skidmore: _____

Medical documentation from a physician/clinician must accompany your application for a medical leave of absence. This form will not be processed unless supporting documentation is included.

Provide a brief statement explaining your application for a medical leave of absence:

STUDENT AGREEMENT:

A medical leave is effective the date the completed, signed form is **received** by the Office of Academic Advising. This effective date is used for calculating billing and refunds, and for assessing financial liability.

Students who apply for a medical leave receive nonpunitive "L" grades. **Medical leaves are not granted after the last day of classes.** In exceptional circumstances, students may submit a petition to the Committee on Academic Standing.

First-year students who take a leave of absence during their first fall term at Skidmore must take a leave for a full academic year. Students must consult with the First-Year Experience (FYE) Director, and the director's signature must be included on their application for a leave of absence.

Residential Life will be notified, and students must **vacate their room within 24 hours.**

I have read and agree to the policies stated on the Office of Academic Advising's "Leaves of Absence" webpage regarding registration, housing, the Bursar's Office refund and liability schedule, financial aid, and other stipulations. I understand that my parent/guardian will be copied on correspondence regarding my leave status unless I have a "Do Not Release" record on file with the Office of the Registrar.

Student Signature	Date
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First-Year Experience Director Signature (Only for first-year students in the fall term)	Date
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FOR OFFICE USE ONLY

Effective Date _____	CAS Approval (After Deadline) _____	Return on Probation _____	Return on Waiver _____
Parent/Guardian _____	Status List _____	Faculty _____	Faculty Advisor _____
			Student File _____