

APPLICATION FOR MEDICAL LEAVE OF ABSENCE

Email this form to the Office of Academic Advising (advising@skidmore.edu) from the student's Skidmore email.

Last Name	First Name	Class Year	Skidmore ID #
Faculty Advisor Name		Student Phone	Student Email

Leaves of absence may be granted for the current or following semester. A student may apply for a second consecutive semester of leave by submitting a separate application. The maximum duration a student may be on leave is two consecutive semesters. Students who do not return from leave will be administratively withdrawn from the College and may apply for readmission.

Exception for First-Year Students: First-year students may apply to take a leave of absence for one or two semesters. A request for a one-semester leave is subject to additional review and approval and is not automatically granted. First-year students applying for a fall-only leave must consult with the Director of the First-Year Experience and include additional application materials as specified on the Office of Academic Advising's "Leave of Absence" webpage.

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

The semester I am planning to return to Skidmore: _____

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 deadline. In exceptional circumstances, students may submit a petition to the Committee on Academic Standing.

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

Before returning to the college, the student must register for courses and submit a Return from Medical Leave application by the posted deadline. The application requires students to include an academic plan and provide supporting documentation from a medical provider who has treated them for the symptoms that led to their medical leave.

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
First-Year Experience Director Signature (Only for first-year students in the fall term)	Date

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_____