



Office of the Dean of Students

REQUEST FOR MEDICAL LEAVE OF ABSENCE (MLOA)

Please type or print neatly in ink. Please attach additional sheets as necessary.

Student Name: _____ Student ID #: _____

Phone #: _____ Email: _____

Requested start date for MLOA: _____ Semester anticipated for return: Fall Spring Year: _____

Are you an NCAA athlete? yes no Are you an international student? yes no

1. I am requesting Medical Leave of Absence (MLOA) based upon the following circumstances which are preventing me from meeting my responsibilities as a student:

2. My request is primarily: medical in nature psychological in nature

3. Please indicate any physical health or mental health/counseling assessments and/or treatment in which you participated related to this request, including:

a. Name of the provider: _____

b. Provider's address: _____

c. Dates of appointments attended: _____

Please have your provider complete and submit the Provider Report form.

4. Please list any medical or psychological/psychiatric diagnoses you have received from a professional health or mental health care provider that are relevant to your MLOA Request:

(Continued on reverse)

5. If you are departing while a semester is in session, please list all currently enrolled courses and indicate the last date you attended each one:

<u>Course #</u>	<u>Title</u>	<u>Last Date Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In requesting this MLOA, I assert that the medical or mental health condition indicated has prevented me from meeting my responsibilities as a student and am requesting time away from CMC to address this.

Signature: _____ Date: _____

Submit to: Office of the Dean of Students, Heggblade Center, 850 Columbia Avenue, Claremont CA 91711

Email: DOS@cmc.edu Phone: 909-621-8114

Complete request must include documentation from your treating provider.