

MEDICAL LEAVE OF ABSENCE APPLICATION

Use this application only if:

1. you are withdrawing from all courses for the semester and
2. the current semester has not concluded.



If the semester has already ended *or* to withdraw from a portion of your classes, you must complete a *Petition to Waive the Academic Rule* and submit it with supporting documentation to Student Central. (The *Petition to Waive the Academic Rule* is an application that can be used for medical circumstances which do not require a complete withdrawal from all classes.)

Complete this form and return to: Student Engagement: Medical Leave of Absence, Onondaga Community College
4585 West Seneca Turnpike, Syracuse, NY 13215 Phone: (315) 498-2228 Fax: (315) 498-2107

☛ Check here () to request a medical withdrawal from all courses for the semester. A copy of your application and documentation may be submitted to the Registrar to process a withdrawal from the semester.

A medical leave, *if granted*, is in effect for a period of up to 1 year if medically necessary and may require a medical release from your treating physician/therapist to return to campus. A medical leave restricts access to your academic records and your ability to register for courses.

1. Student's Name _____ OCC ID# _____

2. Student's Home Address _____

Street/Apt #

City & State

Zip

3. Do you live in the Residence Halls? Yes No Email Address _____

4. Telephone: () _____ May we leave a message on your answering service? _____

5. This application is for the (CIRCLE ONE): WINTER / FALL / SPRING / SUMMER term of YR 201____.

6. A medical leave of absence must be supported by verifiable documentation. Check (X) all that apply.

My supporting documentation:

() is from my treating physician and accompanies this application.

() is from my treating physician/therapist and will be faxed to Student Engagement at (315) 498-2107.

() is not included because I did not see a doctor for my condition.

() is from a member of the OCC Counseling Department or Disability Services Office.

8. The approximate **last date I attended** any class was on _____.

9. The **first date** I sought medical treatment or had surgery and/or hospitalization was on: _____.

10. Please list the name and relationship to you of each person who is authorized to discuss your application (parent, spouse, doctor etc.): _____

11. *My signature below indicates all information on this form is true and provides permission for Onondaga Community College to discuss my leave circumstances with persons in #10 above and other OCC offices.*

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Approved Leave effective _____ through _____

Denied

September 2014

Reviewer's Signature _____ Date: _____