



ADLER UNIVERSITY

MEDICAL Leave of Absence Form – Vancouver Campus

Name: _____ Date submitted: ____ / ____ / ____

Student ID # _____ Program: _____

Have you **previously** taken a Leave of Absence? YES NO

Are you **completing** the **current term**? YES NO

My **Last Date of Attendance** will be: ____ / ____ / ____ of the _____ term

My **Return Term** will be: Fall Spring Summer Year 20____

Reason for Medical Leave (**Please attached official letter from your health care provider**):

(If more space is required, please add another page.)

PLEASE NOTE:

- Students may request a Leave of Absence due to **illness or other health related circumstances** before the start of a term or during a term. A Medical leave of absence can be granted at anytime within a term.
- Students must **complete and submit the medical leave of absence form along with a letter from their health care provider**. The letter from their health care provider must be on an official letterhead, support the need for a medical leave of absence and provide an estimated return date. Please note that the letter from the health care provide **does not need to include the specific health condition of the student**.
- Students can take a medical leave of absence for a period of **one calendar year**. Students requesting to extend their medical leave of absence must provide an official letter from their health care provider supporting this request.
- Students whose medical leave of absence is approved during a term, will receive a “W” grade for all courses that are not completed in that term. Students may choose to request Incomplete grades for courses not completed. If the request for an Incomplete grade is approved, the student must submit an Incomplete grade agreement form and adhere to the Incomplete grade agreement. Students who are fulfilling incomplete grade agreements from previous terms must abide by the deadline stated in the incomplete grade agreement form.
- **Financial Aid** recipients who are inquiring about their student loan status due to their medical leave of absence should contact vanfinancialaid@adler.edu.
- Students who do not return from a Leave of Absence by the agreed upon semester may be administratively withdrawn from the University.
- For students who are registered in a practicum or internship, once the request has been received by the Registrar, **the Director of Training and/or Manager, Community Action & Engagement** and Student Services will be notified of this leave.
- **International students who are considering a leave from their studies should refer to the IRCC policy on authorized leave (<https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/study-permit/prepare-arrival/study-permit-conditions.html#s01.1>) and speak to Student Services (smilner@adler.edu) regarding the impact of taking this leave.**

**Please submit the completed form with all required documents via email to the Office of the Registrar (vanregistrar@adler.edu).

This request is not considered official until processed by the Office of the Registrar.

Incomplete forms will be returned to the student.

Student Signature: _____

Date: _____

Your signature indicates you have read and understand the information listed above.

***Typed signatures are accepted for this form ONLY when sent through your Adler email account; otherwise, you will need to hand sign the form.**

APPROVAL OF LEAVE

Program Director

Date approved: ____ / ____ / ____

Registrar's Office Use Only:

Rep Initials & Date Received: _____

Rep Initials & Date Processed: _____