



Application for Medical Absence

Students may apply to take a Leave of Absence (**LOA**) from the Program for a specific time providing that it does not involve more than 180 days, including holidays and educational breaks, within a 12-month period. If it involves more than 180 days, then student may apply to take a Withdraw with Intent to Return (**WIR**).

Policies regarding medical absence may be found in the **University Catalog**. Please consult Student Disability Services for assistance in interpreting these policies and guidance with your decision.

Step 1: Student completes this portion

Student:

ID:

College/School:

Class of:

Duration of my leave of absence will be: **From** _____ **to** _____

Last day of my attendance was/will be: _____, **20**_____

I hereby request: ☐ **an LOA (less than 180 days)** ☐ **a WIR (more than 180 days)**

*I have read, understand, and accept all conditions pertaining to my status as a professional student at Marshall B. Ketchum University. **I have attached documentation from my health care provider.** If I need to extend my absence, I will submit a new medical absence form or other appropriate form determined by my program.*

Student's Signature:

Date:

Step 2: Student Disability Services complete this portion.

Decision: ☐ **Leave is recommended**

☐ **Leave is not recommended**

Condition of Return:	<input type="text"/>
----------------------	----------------------

Signature:

Date:

Step 3: Program Dean/Director or Designee completes this portion.

Decision: ☐ **Leave has been approved**

☐ **Leave has been denied**

Signature:

Date:

Step 4: Please email the completed form to the student and cc: Registrar@ketchum.edu.