

# MEDICAL LEAVE OF ABSENCE

## STUDENT INFORMATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

The personal information collected on this form is collected under the authority of the University Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information collected will be used for assessing medical needs, in relation to Medical Leave of Absence. For more information regarding the collection and use of personal information please contact Royal Roads University's Privacy Officer at 250 391-2600 (ext 4178) or via email at: [info@royalroads.ca](mailto:info@royalroads.ca), or in writing at above address.

## STUDENT IDENTIFICATION

I hereby authorize my healthcare practitioner to complete this form and to fully respond to the requested statement questions below as they relate to taking a Medical Leave of Absence.

Any fees incurred for completion of this form are the responsibility of the student.

Student name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** students on medical leave status are not normally provided with academic supervision or access to the university's facilities or services. Exceptions are granted with the express permission of the Dean. The student may be required to repeat previously taken courses to ensure currency of the material. The student will be responsible for paying any outstanding fees with the university. All MLOAs are for one year in length, but the student may return early with medical clearance. Students who are unable to return within twelve months will be required to obtain further medical documentation to substantiate a further extension. **It's a student obligation to provide a medical form to extend a medical leave of absence—or medical clearance to return from a medical leave—one month prior to the expiry date. Otherwise, a student will be withdrawn from the program when his/her medical leave expires.**

It is recommended the student contact Financial Aid and Awards to investigate the impact of the MLOA on student loans and/or other financial considerations. Posted grades will not be impacted by MLOA. **Time away from the program is included in the calculation of a student's maximum program completion deadline.** I hereby acknowledge that I have read, understand and agree to the terms of this document.

## HEALTHCARE PRACTITIONER STATEMENT

I recommend the above-named student receive a Medical Leave of Absence from studies due to the following medical condition, illness or disability: \_\_\_\_\_

Recommended leave start date: \_\_\_\_\_

Is this an extension of an existing MLOA? Yes  No

## HEALTHCARE PRACTITIONER IDENTIFICATION (please sign using office stamp if available)

Name: \_\_\_\_\_

Specialty/Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_