



Community College

Health
Services

Medical Leave of Absence Procedure Online Procedure

Students requesting a Medical Leave of Absence are required to do so within six months following the end of the semester in which the disability occurred.

To be eligible for a Medical Leave of Absence, the student is required to submit a letter from a treating physician. The letter must be written on the physician's or hospital stationary and must contain the following information:

- Doctor's diagnosis and treatment (what is the medical condition preventing the student from continuing classes).**
- Date when treatment began.**
- Expected date of return to classes.**

The physician's letter should be submitted as soon as possible.

A Medical Leave of Absence means that the student will receive grades of "W" for **ALL COURSES** taken during the period covered by the requested leave.

Direct your questions to Luz Ruyol, Assistant Director, at LRuyol@lagcc.cuny.edu.



Health
Services

The Health Services Center Medical Leave of Absence

Procedure: Complete the information requested below.

The information provided on this form will support the application for a Medical Leave of Absence.

Information provided will become part of the student's medical record and is protected by FERPA and will not be released without expressed written consent.

This form must be completed by a Physician Only (Medical Doctor, Physician Assistant, Psychologist, etc.). Physician prescription pad with all the information requested below is also acceptable.

Licensed Clinical Social Workers may **NOT** fill out this form.

Today's date (MM/DD/YYYY):

EMPLID:

Patient's name:

Diagnosis (dx):

Treatment (tx):

Date when treatment began (MM/DD/YYYY):

Expected date of return (MM/DD/YYYY):

Physician's Stamp
With license number or
Facility stamp

Return Form to:
Luz Ruyol
LRuyol@lagcc.cuny.edu