



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. **(Leave requests for Spring Session I must be submitted before December 4, 2020.)**

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](mailto:LRuyol@lagcc.cuny.edu).



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## 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