

# OBERLIN COLLEGE & CONSERVATORY

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Student's section of  
Request to **Begin Medical Leave of Absence**

**Part 1: General Information**

**Student's Last Name**

*(surname/family name, printed):*

**Student's First Name**

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**Student T#:**

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**Pronouns** *(if you wish to share):*

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**Mailing Address:**

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**Cell Phone:**

**Cell Provider:** *(this allows us to use email to text you in case we can reach you no other way)*

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**Backup E-mail Address:**

*(We will primarily use your Oberlin email address, which you are expected to maintain and monitor during your leave.)*

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**Part 2: Advisor Consultation**

Have you already spoken with a SHARE Advisor (Student Help And Resource Exchange), your academic advisor and/or the Academic Advising Resource Center about your decision to seek a medical leave and what alternative options might be available? This is strongly recommended before applying to begin a medical leave.

Yes

No

If so, with whom have you discussed your decision?

**Part 3: Healthcare Consultation**

Have you already consulted a healthcare professional who supports your plan to begin a leave of absence for medical reasons?

Yes

No

If no, what is your plan to obtain documentation supporting medical documentation within the next few days?:

If discussed, what time period\* has been initially estimated for treatment, recovery and/or improved management of your health condition?:

\*We encourage students to take as much time away as needed, following the recommendations of their treating healthcare provider. Please note, however, that beyond a total of 4 semesters of leave, a student would need to withdraw (or would be withdrawn) from Oberlin and may be required to reapply for admission in order to be reinstated.

Will you have access to adequate healthcare during your time away?

Yes  No  Not sure  If no/not sure, please elaborate \_\_\_\_\_

Would you like to speak with someone from Student Health, the Counseling Center, and/or a SHARE advisor for assistance as you plan for healthcare during your time away? (The phone numbers are included in case you want to reach out before submitting this application, or for your reference at any point). While we cannot make all healthcare arrangements for you, we may be able to assist you in problem-solving around access issues, and want to support you to whatever extent we can, in the pursuit of getting what you need for your health and being ready to return to continue your studies at Oberlin.

Student Health (440-775-8180) Yes  No

Counseling Center (440-775-8470) Yes  No

SHARE Advisors (440-775-8462<sup>+</sup>) Yes  No

<sup>+</sup>SHARE Advisors are in multiple offices, but the program is coordinated through the Office of the Dean of Students

#### **Part 4: Medical Leave Guidelines and Information for Students**

- Students must arrange for the "Healthcare Provider Supporting Information" form to be completed by a healthcare provider in support of this medical leave. The form must be sent directly by the provider to Student Health & the Counseling Center and received within two weeks of submitting this form. (fax is 440-775-8868).
- Partial refunds are available during the first 5 weeks of the semester and no refunds are available after the 5th week of classes.
- After add/drop and before the end of the 10th week of classes all courses will be marked as "W" on transcripts; from the first day of the 11th week until the last day of classes students may elect to either be withdrawn (W) from all courses or to take emergency incompletes as needed and receive grades for all courses.
- Students are expected to depart campus within 48 hours of requesting medical leave. In some circumstances an alternate departure date might be arranged when necessary, but only if permission is given by Residential Education and the Office of the Dean of Students.
- The Office of the Dean of Students welcomes communication from students during a medical leave and can be a resource regarding your plans to return.
- Courses taken while on leave are subject to the college's Transfer of Credit policies.
- Students whose applications to return for a spring semester are approved by the first Friday in December are eligible to complete an off-campus individual winter term project. Students whose leave dates preclude doing a winter term project may have the opportunity to do a winter term project during a summer after they have returned to Oberlin, if needed.
- Conservatory students may be required to re-audition for reinstatement after two or more semesters of leave.
- A copy of the letter approving medical leave of absence will be sent to a student's parent or guardian once the leave is officially approved, as it is the College's practice to notify parents when a student departs from campus for a leave or withdrawal. Sometimes students find it helpful to allow college staff to share their information with a parent during the decision-making or application process. A student's permission is needed up until the point at which the leave is officially finalized. Please speak with a SHARE Advisor or the Medical Leave Coordinator to address any questions, concerns or requests to share information about your decision or application.

**Part 5 Student Authorization to Share Information**

In order to facilitate your medical leave request, it is important that your treating health care provider and the appropriate Oberlin administrators be able to share information regarding your student status and medical condition. Medical information received by Oberlin College will be maintained confidentially within the Oberlin College Student Health Services and Counseling Center.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that your treating health care provider not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please review and type your initials to indicate your understanding of each paragraph and sign below.

\_\_\_\_\_ I authorize my treating health care providers to provide medical information in support of my request for medical leave from Oberlin College. I understand that this information will be sent directly to Oberlin College Counseling Center, 247 West Lorain Street, Suite D, Oberlin, OH 44074 or faxed to 440-775-8868. I also authorize my treating health care provider to speak directly with the Director of Student Health and the Counseling Center or his/her designee for the purpose of assessing my request for a medical leave of absence.

\_\_\_\_\_ I authorize the Oberlin College Medical Leave Coordinator, the Director of Student Health and the Counseling Center, and their designees to share educational record information with my treating health care provider for the purpose of facilitating my request for medical leave.

\_\_\_\_\_ I authorize the Director of the Student Health and the Counseling Center or his/her designee to share information with Oberlin College administrators with a need to know, such as the Medical Leave Coordinator, with their recommendation regarding my medical leave request based on a review of confidential medical information received.

I have read, understand, and agree to the terms in this document:

Student Name (printed): \_\_\_\_\_

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

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

**Don't forget to sign and date this before turning it in!**

In order to complete the signature above, you are welcome to do one of the following:

- A) print, sign and send that signed copy (on paper or by scanning your signed copy)
- B) paste a scanned or photographed image of your signature into the PDF, OR
- C) to utilize Adobe's electronic signature feature.

**NOTIFICATION OF DEPARTURE FROM CAMPUS – MEDICAL LEAVE**

(PLEASE PRINT)

LAST NAME	FIRST NAME	T#	OCMR#
1 <sup>ST</sup> SEMESTER AT OBERLIN FALL / SPRING <u>20</u>	Pronouns (if you wish to share)	DIVISION CON                      A&S                      DD	
HOME STREET ADDRESS		CITY, STATE, ZIP	
STREET ADDRESS FOR LEAVE (IF DIFFERENT)		USABLE DATES	CITY, STATE, ZIP
MAJOR	ADVISOR	HOME #	
		CELL #	
SECONDARY E-MAIL ADDRESS (FOR DEADLINE REMINDER ONLY): _____			
EXPECTED SEMESTER OF RETURN		FALL	SPRING _____
DO YOU INTEND TO TAKE CLASSES WHILE ON LEAVE?		YES	NO

**SIGNATURES****DATE**

STUDENT

RESIDENTIAL EDUCATION  
(IF RESIDING ON-CAMPUS OR IN A CO-OP)DEAN OF INTERNATIONAL STUDENT SERVICES  
(FOR STUDENTS ON F-1 VISAS)ASSOCIATE DEAN, CONSERVATORY  
(FOR CONSERVATORY AND DOUBLE-DEGREE STUDENTS)**OFFICE USE ONLY**

EFFECTIVE DATE

PROCESS DATE

REGISTRAR STATUS (CREDIT) YES      NO

FACULTY/ADVISOR ALERT (DATE)

STUDENT SCHEDULED TO APPLY TO RETURN

FALL \_\_\_\_\_

SPRING \_\_\_\_\_

*Please submit this student portion of the Request to Begin Medical Leave of Absence, with your signatures on pages 4 and 5, to:*

**Medical Leave Coordinator,  
C/O Office of the Dean of Students, Wilder Hall, room 105,  
135 W Lorain Street, Oberlin, OH 44074,**  
in person or by mail,  
or by fax (**440-775-6848**),  
or by emailing Student Medical Leaves (**medleave@oberlin.edu**).

One more item is required to complete your request:

Your request for medical leave of absence is not complete until your healthcare provider has sent the "Healthcare Provider Supporting Information" form to:

Director of Student Health & the Counseling Center  
Oberlin College Counseling Center 2  
47 W Lorain St, Suite D  
Oberlin, OH 44074                      or                      faxed to 440-775-8868

Questions regarding the healthcare provider form should be directed to Dr. John Harshbarger  
at 440-775-8470 or [John.Harshbarger@oberlin.edu](mailto:John.Harshbarger@oberlin.edu)

*If you are requesting your documentation from a provider you have seen at Oberlin College Student Health Services or the Counseling Center, do not assume the information will be shared - you need to request it directly from your provider(s). Please confirm with your provider(s) that they know you definitely need documentation from them to support your request for medical leave and that they have your permission to share the information.*