

Request for Emergency Medical, Military, or Family Leave of Absence



Saint Martin's
UNIVERSITY

Emergency, Military, or Family Care Leave

Saint Martin's University students are expected to manage their academic schedules and withdraw from any courses they are unable to complete by the deadlines provided in the normal academic schedule. The University will, however, consider requests for an emergency, military, or family care leave of absence from a student who experiences an urgent personal situation. Examples of such situations include a death or serious illness in the immediate family, orders to deploy, or other serious and unexpected circumstances which requires the student to withdraw from all courses after the regular academic deadline for withdrawal. Documentation of the serious nature of the emergency must be provided to the Office of the Registrar.

Voluntary Medical Leave

While Saint Martin's University prides itself on providing a range of support services to students with medical and mental health conditions, on occasion, students may experience health needs requiring a level of care that exceeds what the University can appropriately provide. In such circumstances, Saint Martin's University will consider requests for a voluntary medical leave of absence from a student experiencing a physical or mental health-related condition which impairs an individual's ability to function safely or successfully as a student and requires the student's withdrawal during a semester or an absence of one or more semesters from the University. Voluntary medical leaves of absence are coordinated through the Dean of Student Affairs. Students granted medical leaves of absence are expected to use the time away from the University for treatment and recovery.

Transcript Notation

When these types of leave are granted, the course grade awarded is normally a W (withdrawn) in all courses unless the student initiates and receives appropriate approval for an incomplete (I) grade in any course. If the student is granted an incomplete (I) grade, the student must complete the requirements of the course(s) according to the guidelines specified by the instructor and policy outlined in the academic catalog.

Financial Considerations

Withdrawing from courses may impact financial aid, scholarships, loan deferments, athletic eligibility, health insurance, veteran's benefits, degree requirements, or other areas. Students considering course withdrawals should first check with Student Financial Services to determine possible implications. Approval of this request does not constitute an adjustment of tuition or other charges.

Leave of Absence Request Checklist

- I have discussed my intentions to withdraw from the university with my advisor.
- I have consulted with Student Financial Services about a withdrawal's impact on my Financial Aid.
- If a resident, I have made arrangements to check-out of the residence halls within three days of my withdrawal date.
- I have obtained the appropriate documentation to support my request for leave and substantiate my explanation of circumstances (see below).
- If requesting a medical leave, I have spoken with the Dean of Student Affairs about the conditions of my return and required documentation of treatment.
- I have updated my contact information and mailing address as necessary.
- I have reviewed the Leave of Absence policy in full as published in the Academic Catalog, Student Handbook, and SMU website.

Explanation of Circumstances

Please review the full Leave of Absence policy included in the Student Handbook and Academic Catalog and use a separate sheet of paper to describe in detail the circumstances pertaining to your request. Attach any supporting documentation such as medical records, treatment recommendations, or deployment orders to this form. You may wish to keep a copy of all documentation provided, as you may need these for financial aid appeals.

Name: _____ **SMU ID #:** _____

Address: _____ **SMU Email:** _____

_____ **Alternate Email:** _____

Phone: _____

Major: _____ **Advisor:** _____

Type of Request: ___ Medical/Mental Health ___ Military ___ Family Care ___ Other

Withdrawal Request Period: ___ Fall ___ Spring ___ Summer **Session:** ___ **Year:** _____

Anticipated Return Period: ___ Fall ___ Spring ___ Summer **Session:** ___ **Year:** _____

Date(s) of Last Class Attendance: _____

Conditions for Return

Requests to return from a voluntary medical leave of absence must be made to the Dean of Student Affairs no less than **two weeks prior to the start of classes**. The request to return must include supporting documentation from the student's treating medical or mental health professional, providing evidence that the health condition has been, or is being, addressed and that the student is capable of successfully resuming study and functioning safely as a member of the University community. The items marked below will be required as a condition of return:

- Assessment of current medical and/or mental health condition from involved treatment providers indicating a determination of stabilization and readiness to return to school.
- A current progress report, including a record of participation in treatment while on leave, from treatment professionals related to medical and/or mental health condition which resulted in leave of absence.
- Current treatment plan and recommendations from providers, including support systems and emergency contacts, to address the student's health, well-being, and overall success on and off campus.
- Release of information forms completed with involved community providers and SMU for the purpose of coordination of care between the community and campus services.
- Counseling and Wellness Center evaluation and a coordinated CARE Plan to address support services on and off campus and any reasonable accommodations as necessary for the student's success.
- Personal statement describing activities undertaken while on leave, understanding of factors necessitating leave, insights gained while on leave, and plan to ensure a successful return to SMU.
- Other (See attachment and/or e-mail.)

I hereby request a leave of absence due to the reasons described within this appeal. I authorize relevant SMU personnel to review any medical records or other documentation necessary to determine my eligibility for withdrawal and/or return. I have read the Leave of Absence Policy in full and agree to the conditions for return. I understand the process for requesting to return from a leave of absence and that failure to follow it and the timelines provided may result in a denial of my request.

Student Signature: _____

Date: _____

Dean of Students Signature: _____

Date: _____