Request for Medical Leave of Absence (MLOA)

Name: _____ **EMPLID:**_____

Semester Requested (must choose one): ☐ Spring ☐ Fall ☐ Summer

You last day in your residence hall room (if applicable): _____

Name of the physician you have seen who recommends or supports your taking a Medical Leave of Absence:

Name of U.S. based physician: _____ Date of recommendation: _____

Student must have a U.S. based physician provide a letter including:

1. Dr.'s signature
2. Seal
3. Doctor's medical leave start and end dates.
4. Contact information

Please initial by each step to indicate that you have read and understand:

1. _____ I understand that I must participate in treatment during my Medical Leave of Absence, and that treatment must address the condition(s) for which I am applying. Any exceptions to this requirement must be reviewed by the BSC campus Designated School Official (DSO) prior to approval.

a. _____ If I am withdrawing after the semester has begun, I am aware of the registration and drop deadlines for courses and of any related tuition/fee refund deadlines, and I agree to fill out the Withdraw to Zero form (See dates/deadlines and schedule).

2. _____ I am responsible for understanding and addressing all academic and financial and health insurance-related ramifications of taking a Medical Leave of Absence, and that I am required to contact my Academic Advisor to discuss my academic plan upon re-entry from medical leave.

a. _____ ***If you have enrolled in International Student United Healthcare Insurance, please contact the BSC Student Finance Office.***

3. _____ I understand that my I-20 will be terminated because of an early withdrawal from BSC.

4. _____ I understand that taking a leave of absence from BSC does not automatically guarantee re-entry to the United States to continue studies at Bismarck State College.

5. _____ I understand that I will need to reapply to Bismarck State College and complete admissions requirements.
    a. _____ I understand that a new application, Declaration of Finance and supporting certified banking documents must be submitted and I must follow deadlines listed on the International Student How to Apply page.

6. _____ I will maintain contact with the BSC campus DSO regarding my plans to return to BSC and will provide my date of return according to the International Student How to Apply page.

7. _____ I understand that readmission to BSC to obtain my F-1 visa and re-entry to the U.S. will require me to receive a new SEVIS I-20.
    a. _____ If my visa will be expired, or if I have been absent from the U.S. for more than 5 months, I must renew my visa before re-entering the United States.

8. _____ Depending on my length of absence, I will not be allowed to participate in practical training (CPT or OPT) immediately upon my re-entry and may be required to be present at BSC for another academic year after my return before becoming eligible for practical training.

Student's Signature: _____ Date: _____

Address during leave: _____

Phone during leave: _____ _____
(Cell) (Home)

Student upload both the completed form and physician authorization to: BSC Admissions Secure File Dropbox.

It is highly recommended the student keep a copy of this form for their files.