



Blackburn College Counseling Services

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Mindy Beisner: melinda.beisner@blackburn.edu

Student Name: _____ Cell Phone: _____

Student Email: _____

Semester for Withdrawal: Fall Spring Year: _____

Request for Medical Leave of Absence

By requesting a Medical Withdrawal I acknowledge and understand the following:

1. My request will be reviewed by the Director of Counseling Services, and I must submit all required documentation, including a statement from a licensed healthcare provider, to support my request.
2. A Medical Leave of Absence may affect my academic progress, financial aid, and housing status. I am responsible for consulting with relevant offices (Financial Aid, Housing, and my academic advisor) regarding the potential impacts.
3. I must meet with the Director of Counseling Services to develop a plan outlining the necessary treatment and conditions for re-admission. This plan must be followed to qualify for re-admission.
4. I am responsible for ensuring that all required documentation is submitted in a timely manner to avoid delays in processing my request.
5. I understand that all requests and support documentation must be provided for consideration to later than the last day of regular class.

Student Signature: _____ Date: _____

Medical Provider Documentation Guidelines

Please provide a recommendation letter for medical withdrawal on **official letterhead** from a licensed healthcare provider that includes:

- Medical history and diagnosis relevant to the request.
- A clear statement confirming that the health condition functionally prevents the student from successfully fulfilling their academic, social, or residential responsibilities.
- Approximate date of onset of the condition.
- Treatment recommendations for the medical leave of absence period.

FOR ADMINISTRATIVE & CLINICAL USE ONLY

Director of Counseling Center Review: *This section is completed by the Director of Counseling Services for formal submission to the Dean of Students.*

Documentation Verification: Provider Documentation Received | **Date Received:** _____
 ROI Obtained

Institutional Transition & Support Recommendations (if applicable):

Medical Leave Recommended: A leave of absence is recommended to allow the student to focus on health and recovery.

Other Health & Safety Recommendations:

Formal Recommendation to the Dean of Students:

- Based on the medical review and intake process, it is recommended that the student's request for a Medical Leave of Absence be:
 - **APPROVED** | **DEFERRED/DENIED**

Director of Counseling Name: _____

Signature: _____ **Date:** _____

DEAN OF STUDENTS REVIEW: *This section is completed by the Dean of Students to finalize the medical withdrawal process.*

Following administrative review and recommendation, your request for Medical Leave of Absence is:

APPROVED (Leave is granted; Student Life will coordinate final separation dates)

DEFERRED/DENIED

Institutional Notifications: Registrar Notified | Financial Aid Notified | Residence Life/Housing Notified | Business Office Notified

Dean of Students Signature: _____ **Date:** _____