



## Miami University Provider Return from Medical Leave of Absence Form (Reinstatement)

*This form must be submitted to the Office of the Dean of Students at a minimum of two weeks prior to the first day of classes of the term for which the student wishes to re-enroll. Late submission may result in a delay in processing your re-enrollment. The form must be completed in full: any blank spaces may lead to a delay in processing your request. Please type, or print clearly in ink.*

### Section I: To be completed by student:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Banner ID#: +\_\_\_\_\_

Permanent Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

I understand and consent to the following: The information below will be reviewed by the Office of the Dean of Students. I also understand that the Dean of Students may share this information with other Miami University officials, as necessary, for the purpose of review of the request to return from a Medical Leave of Absence.

Term for which you are requesting return from MLOA: \_\_\_\_\_  
Term (Fall, Winter, Spring, Summer) \_\_\_\_\_ Year \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred email \_\_\_\_\_

### Section II: To be completed by licensed treatment provider:

The above named student has previously been granted a Medical Leave of Absence from Miami University, and is indicating readiness to return to full academic participation. The student reports that you evaluated or treated him/her while on Medical Leave of Absence. Please complete in its entirety the following information regarding the student's current condition, sign, and forward to the Office of the Dean of Students at the address noted below.

Provider's Name: \_\_\_\_\_ Provider's Title/Degree: \_\_\_\_\_

Provider's Area of Medical/Mental Health Specialization: \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### Part A: Your assessment and treatment of the student:

1.  medical in nature     psychological in nature     drug/alcohol concerns     other \_\_\_\_\_
2. Date(s) of treatment/assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Total number of sessions/appointments: Scheduled \_\_\_\_\_ Attended \_\_\_\_\_  
4. Current diagnoses (if any) relevant to the MLOA: \_\_\_\_\_

5. Medications prescribed (if any) relevant to the MLOA: \_\_\_\_\_

6. Prognosis (check one):  Excellent  Good  Fair  Poor

7. Will you continue to provide services for this student?  yes  no

8. If not, to whom will the student's care be transferred? \_\_\_\_\_

9. Other recommendations for follow up? \_\_\_\_\_

**Part B: Your assessment of the student**

1. Do you believe that this student is currently a danger to himself/herself?  yes  no

Please explain: \_\_\_\_\_

2. Do you believe that this student is currently a danger to others?  yes  no

Please explain: \_\_\_\_\_

**Part C: Your recommendation**

1. Based on your current evaluation, do you believe that the student is now able to meet the expectations of a student?

yes  no

Comments: \_\_\_\_\_

2. Do you have any reservations regarding the student's full time enrollment in a high intensity academic environment?

no reservations  reservations (please explain)

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of the provider

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please complete in full and submit to:

**Office of the Dean of Students**  
110 Warfield Hall  
Miami University  
Oxford OH 45056  
Telephone: 513.529.1877  
**Fax: 513.529.3445**