

Request for a Voluntary Leave of Absence for Health Reasons

General information

Cornell students may apply for a Voluntary Leave of Absence for Health Reasons (a temporary separation of a student from the university, which is requested by a student who intends to return to academic pursuits). A Health Leave of Absence (HLOA) is recommended when a student's health condition is judged to significantly impair their ability to function successfully or safely as a student. Cornell Health coordinates HLOAs.

HLOA can be requested as a disability accommodation or to pursue treatment and recovery related to a health condition. Not all situations are similar. The amount of time students take for an HLOA will vary depending on circumstances (such as treatment recommendations and time needed to assure recovery of health and re-establish the ability to sustain health).

COLLEGE/SCHOOL POLICIES AND PROTOCOLS: In order to obtain an HLOA *and* to return from one, a student must obtain a written Health Leave of Absence recommendation from a health care provider (Cornell Health clinician or an external provider) *and* the student's college or school will determine academic conditions based on curriculum sequencing or academic actions. Undergraduate and professional school students who are considering an HLOA are advised to contact their student services office. Graduate school students are advised to contact the Graduate School assistant dean of student life, director of graduate studies, or graduate field assistant for information about specific conditions or restrictions that may apply.

FINANCIAL IMPLICATIONS: The University Bursar provides information regarding eligibility for tuition reimbursement: <https://www.dfa.cornell.edu/bursar/students-parents/leaving>. Undergraduates who have financial aid must contact the Office of Financial Aid. Graduate and professional school students must contact their college or school to determine the financial implications of taking an HLOA.

INTERNATIONAL STUDENTS: International students must contact the Office of Global Learning, International Services to determine the impact of a leave on their student visa status: <https://international.globallearning.cornell.edu/>

HEALTH INSURANCE: Students considering an HLOA must review their health insurance coverage. **Students enrolled in Cornell's Student Health Plan (SHP)** who take an HLOA are automatically covered for the remainder of the plan year. The Office of Student Health Benefits can provide detailed guidance (607.255.6363). **Students with other health insurance plans** should contact the plan provider to clarify coverage (see phone number on the insurance card). In some cases, students may need to apply for continuation of coverage, which is time sensitive.

ADDITIONAL INFORMATION: <https://health.cornell.edu/get-care/health-leave-absence>

DEADLINE for beginning a Health Leave of Absence

To request HLOA for the current semester:

1. Sign and submit this Request Form by the end of the academic term.
2. Complete an evaluation/consultation with a Cornell Health or external clinician and ask the provider to submit the HLOA Documentation Form to the Health Leaves Coordinator.

Please be aware that Cornell University does not grant HLOA requests retroactively (that is, for a semester prior to the current one).

PROCESS for returning from a Health Leave of Absence

- Notify the of your intent to return to Cornell by sending an email to healthleaves@cornell.edu that includes the semester when you plan to return
- When you are ready to return, contact healthleaves@cornell.edu to begin the process. You will need to submit one or more of the following forms of documentation to indicate your readiness to return from HLOA:
 - HLOA Documentation form*
 - Personal Statement form
 - Medical Records
 - Accommodation recommendation from Student Disability Services

TIMELINE for returning from a Health Leave of Absence

Requests to return from a Health Leave of Absence will be accepted on a rolling basis to offer flexibility and accommodate each student's individual health situation and academic program. The following deadlines are provided to inform decision making and allow adequate time for processing, academic planning, and consulting with college and university offices. Requests to return that are submitted later than the recommended deadlines may be postponed until a later semester. Please contact the Health Leaves Coordinator (healthleaves@cornell.edu) if you have questions about the timeline.

Recommended deadline to participate in pre-enrollment and apply for campus housing and financial aid	Semester of Return	Submit Provider Assessment for Return form by:
	Fall	February 25
	Spring	September 25
Latest recommended deadline	Summer	April 1
	Semester of Return	Submit Provider Assessment for Return form by:
	Fall	July 15
	Spring	December 1
	Summer	May 1

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- I understand that an assessment by a health care provider and/or additional documentation may be required for this request to be processed.
- As part of my request, I authorize Cornell Health to disclose to the Health Leaves Coordinator the minimum protected health information about me that is necessary to coordinate my request for and my eventual return from a Health Leave of Absence.
- **International students registered with the Office of Global Learning:**
As part of my request, I authorize Health Leaves Coordinator to disclose to the Office of Global Learning, International Services, the minimum protected health information about me that is necessary to coordinate my request for and my eventual return from an HLOA.
- **Students living in on-campus housing:**
As part of my request, I authorize the Health Leaves Coordinator to disclose to Housing and Residential Life the minimum protected health information about me that is necessary to coordinate my request for an HLOA.
- I have read the information above and have asked for any needed clarification and explanation. I accept these conditions and deadlines as part of my responsibilities in taking a Health Leave of Absence from Cornell University. I agree to abide by these conditions, and I voluntarily request that Cornell Health issue a recommendation that I be granted a leave of absence for health reasons.

Student signature _____ Date: _____

Start date of HLOA (if later than the date above): _____

Please print:

Student name _____ Cornell ID# _____

Contact information for communication about this leave:

Postal address *during your leave* _____

Email address _____

Phone number (including for leaving phone messages) _____

College/school you are currently registered with: _____

Are you an NCAA Athlete? Yes No

Do you live in on-campus housing? Yes No

Are you an international student? Yes No