Request for a Voluntary Leave of Absence for Health Reasons

General information

Cornell students may apply for a Voluntary Leave of Absence (a separation of the student from the university) for Health Reasons. A Health Leave of Absence (HLOA) is recommended when a student’s health condition is judged to significantly impair his or her ability to function successfully or safely as a student. HLOAs are coordinated through Cornell Health.

It is expected that the time a student takes away from the university for the HLOA is used for treatment and recovery. Cornell Health provides each student with specific expectations for treatment while away on leave. Compliance with the treatment expectations is a primary factor in Cornell Health’s eventual assessment of whether a student is ready to return to Cornell.

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). A Cornell Health clinician or counselor will provide treatment recommendations as part of the HLOA agreement.

COLLEGE/SCHOOL POLICIES AND PROTOCOLS: In order to obtain an HLOA and to return from one, a student must obtain a health leave of absence recommendation from Cornell Health and then an administrative approval from the advising office of the student’s college or school. For graduate students, this approval must be given by the dean of the Graduate School. Schools, colleges, and graduate fields have separate and often differing policies regarding leaves of absence, including specific restrictions on or requirements for the amount of time a student is to be away on leave and distinct requirements or criteria for re-enrollment following a leave of absence. Students who are considering an HLOA must contact their advising office (not their faculty advisor) to find out the specific conditions or restrictions will apply to them in conjunction with an HLOA.

FINANCIAL IMPLICATIONS: Students must contact their college or school to determine the financial implications of taking an HLOA. Undergraduates who have financial aid must contact the Office of Financial Aid. The University Bursar provides information regarding eligibility for tuition reimbursement: www.dfa.cornell.edu/treasurer/bursar/studentsparents/leaving.cfm

INTERNATIONAL STUDENTS: International students must contact the International Students and Scholars Office (ISSO) to determine the impact of a leave on their visa status: www.isso.cornell.edu

HEALTH INSURANCE: Students considering an HLOA must review their health insurance coverage. Students enrolled in Cornell’s Student Health Insurance Plan (SHIP) who take an HLOA are automatically covered for the remainder of the plan year; they also may be eligible to purchase a one-time, one-year extension of SHIP insurance. The Office of Student Health Insurance can provide detailed guidance (607 255-6363). Students with other health insurance plans should contact the plan provider to clarify coverage (see number on the insurance card). In some cases, students may need to apply for continuation of coverage (COBRA); enrollment in COBRA is time sensitive.

ADDITIONAL INFORMATION: Search “HLOA” at health.cornell.edu.

DEADLINE for beginning a health leave of absence

- To have an HLOA processed for the current semester, students must have completed an evaluation and all of the necessary paperwork with a Cornell Health clinician no later than the final Friday of classes of this semester.
- Requests for HLOA made after this deadline will only be considered for the following semester.
- Cornell Health does not make HLOA recommendations retroactively (that is, for a semester prior to the current one).
- Cornell Health does not make HLOA recommendations based solely on evaluations done by non-Cornell Health clinicians. An evaluation with a Cornell Health clinician is required.

DEADLINES for returning from a health leave of absence

- Deadline #1: Students must notify Cornell Health in writing of their wish to return to Cornell. Email healthleaves@cornell.edu.
  - Fall semester: no later than June 1
  - Spring semester: no later than November 1
  - Summer session: no later than April 1
• **Deadline #2**: Students must submit to Cornell Health all required documentation of treatment obtained during their HLOA:
  - **Fall semester**: no later than **July 1**
  - **Summer session**: no later than **May 1**
  - **Spring semester**: no later than **December 1**

• **If a student misses these deadlines**, their return from HLOA will be postponed until a later semester.

### Required conditions for return from an HLOA

Health clearance must be obtained from Cornell Health before a student may pursue reenrollment at Cornell following an HLOA. To obtain this health clearance, every student must meet all of the following required conditions:

1. The student must demonstrate a substantial amelioration of the health condition that precipitated the need for an HLOA, as defined and determined by Cornell Health clinical staff.
2. The student must demonstrate the ability to function safely, as defined and determined by Cornell Health clinical staff.
3. The student must be cleared by the Cornell Health HLOA Committee in order to pursue reenrollment, which may require evaluation by Cornell Health clinical staff.

### Request for a voluntary leave of absence for health reasons

• I understand that I cannot simply mail this form to Cornell Health, but that I must have completed an assessment and all of the necessary paperwork with a Cornell Health clinician for my request to be processed.

• I understand that my signing this form does not guarantee that I will receive an HLOA from my College or School.

• As part of my request, I authorize Cornell Health to disclose to my college or school the minimum protected health information about me that is necessary to coordinate my request for a Health Leave of Absence and my eventual return from my Health Leave of Absence.

• **International students registered with the International Students and Scholars Office (ISSO)**: As part of my request, I authorize Cornell Health to disclose to ISSO the minimum protected health information about me that is necessary to coordinate my request for an HLOA and my eventual return from my HLOA.

• **Students living in on-campus housing**: As part of my request, I authorize Cornell Health to disclose to the housing/residential programs office 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 ___________________________________________

**Please print legibly:**

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) ___________________________________________

Are you an NCAA Athlete? □ YES □ NO

Do you live in any on-campus housing? □ YES □ NO

Are you registered with the International Students and Scholars Office (ISSO)? □ YES □ NO

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