

The University of Chicago Divinity School 2023-2024 Medical Leave Policy

Students may request a medical leave of absence (MLOA) if they experience illness, injury, or a mental health condition that significantly interferes with their ability to participate in the academic environment safely and successfully at the Divinity School.

A medical leave allows students time away from the University for treatment and recovery, with the goal of restoring health. Students are not expected to complete academic work during a medical leave. Students may request medical leave for up to four (4) quarters at any time during the academic year.

While on a medical leave of absence, students are eligible to maintain university health insurance (U-SHIP) for up to four quarters. Students on MLOA with U-SHIP will have access to UChicago Student Wellness. Students on a medical leave of absence are automatically assessed the student services fee. If you will be living more than 50 miles from campus, you can waive the student services fee by following the instructions found here: <https://bursar.uchicago.edu/student-services-fee/>

Doctoral students in the Divinity School will continue to have their USHIP and student services fees covered by their fellowship.

When submitting a request for MLOA, students are required to submit a letter of support from a managing medical professional. This letter should state that the student is under care for a medical condition that is negatively affecting the student's ability to participate in graduate study. The letter should also indicate the period of leave required for treatment and recovery. Please note that this letter should **NOT** disclose any medical diagnosis, treatment plans, or any other confidential medical information.

Students taking medical leave may elect to resume academic studies once the underlying condition has been resolved or successfully managed. The Dean of Students Office may ask for supporting documentation from a managing physician when a student requests to return from leave.

Students may request academic accommodations for a medical condition by contacting the [Student Disability Services \(SDS\)](#) Office.

MEDICAL / PARENTAL RELIEF LEAVE OF ABSENCE APPLICATION (2023-24)

TO BE COMPLETED BY STUDENT: Complete as appropriate, sign, and submit to your area Dean of Students.

Name: _____ UCID: _____ Department: _____
(First) (Last) 8-digit ID #

Type of Leave: Parental Relief Leave of Absence (one quarter only) General Medical Leave of Absence

Effective Date: _____ Quarter of Expected Return: _____
(quarter/year) (quarter/year)

Are you currently enrolled in U-SHIP (student health insurance)? Yes No

If Yes, do you plan to remain on U-SHIP while on Parental/Medical LOA? Yes No

If you choose to remain on U-SHIP, please note the following:

- The quarterly U-SHIP premium will be assessed to your student account each quarter of approved leave. As a student on MLOA, you are responsible for ensuring payment of U-SHIP premiums.
- If you receive funding for U-SHIP premium coverage as an enrolled student, it is your responsibility to confirm this funding will continue with your Dean of Students, Academic Department, or Financial Aid Office.
- Because students taking a Medical LOA are eligible for four (4) quarters max of U-SHIP coverage, when the MLOA crosses plan years (e.g., Spring Quarter until the following Winter Quarter), insurance coverage may be provided that crosses two separate plan years, at different premium rates.
- While on U-SHIP, you are eligible for services at UChicago Student Wellness and will be assessed the Student Services Fee each quarter. Exception: Students who live 50+ miles from Hyde Park may request an exemption from the quarterly Student Services Fee. To request an exemption go to your My.UChicago account, MyAccount- Students Services Fee Waiver.

Student's Signature: _____ Date: _____
(your signature indicates you have read the above information) (mo/day/yr)

TO BE COMPLETED BY AREA DEAN OF STUDENTS: Medical/Parental Relief Leave of Absence Decision

____ Granted for the period: _____ to _____
(quarter/year) (quarter/year)

____ Denied for the following reason:

If the student chooses to retain U-SHIP during the period of MLOA as indicated on this form, please check one of the following:

- ____ Student is aware they must pay the quarterly premium assessed to their student account
 ____ Student has University funding that will cover the cost of the premium while on leave.

DOS Signature _____ Date: _____

If approved, DOS please e-mail a copy of this application to both Pete Segall in the Registrar's office (psegall@uchicago.edu) and Celia Bergman in Campus and Student Life at cbergman@uchicago.edu.