

**MEDICAL / PARENTAL RELIEF LEAVE OF ABSENCE APPLICATION**

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UCID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First) (Last)

Address While on Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (Apt) (City) (State) (Zip) (Country)

Telephone Number While on Leave: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Leave: ❑ Parental Relief Leave of Absence ❑ 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 wish to remain on U-SHIP while on leave)? Yes ❑ No ❑

 If yes, please NOTE:

* Your U-SHIP coverage will continue through the current plan year (August 31st). Because students are eligible for a maximum of four (4) quarters of U-SHIP coverage, when the Medical/ Parental Leave of Absence crosses plan years (e.g., Spring quarter until following Winter quarter), insurance coverage may be provided that crosses two separate plan years, at different premium rates. Students must take action to enroll in U-SHIP the following autumn quarter if the medical leave will continue in the new plan year.
* While on U-SHIP, you will be assessed the University Student Services Fee each quarter (i.e., autumn, winter, spring), unless you live 50+ miles from Hyde Park during your leave and have requested an exemption from your area Dean of Students. Payment of the University Student Services Fee allows access to SCS and SHS, which is required to obtain referrals. Exception: Students who live 50+ miles from Hyde Park will not be charged the $50 USHIP non-referral deductible.

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:

DOS Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If approved, DOS please forward a copy of this application to JoAnn Crevision in the Registrar’s Office at fax 773.702.3562 and Celia Bergman in Campus and Student Life* (cbergman@uchicago.edu).

**INSTRUCTIONS**

**All Students:** Please submit appropriate documentation supporting your request for a leave to your area Dean of Students (i.e. a copy of a letter from a medical professional confirming the need for the requested leave and expected duration.)

**\*Please note:** If you have borrowed through a student loan program, you are required to contact Student Loan Administration or call 773-702-6061 to arrange for an Exit Counseling meeting to discuss your grace period and repayment options. **Failure to meet this requirement may result in restrictions of your student privileges**.

**International Students:** Please note that immigration regulations require continuous enrollment on a full-time basis. Therefore, consult with the Office of International Affairs before requesting to take any Leave of Absence.

**BSD Students:** Please consult with your program administrator or Diane Hall in the Office of Graduate and Postdoctoral Affairs before completing this form.

**General University Student Health Insurance Plan (U-SHIP) Information**After a medical leave has concluded, in the event students do not return to a registered status at the University and therefore are not eligible for the student insurance plan, continuation coverage may be available for purchase. For additional information about continuation coverage, please contact the UnitedHealthcare StudentResources on-campus representatives in the Woodlawn Social Services Center (950 E. 61st Street, Suites 368 and 370) at uchicagoadvocates@uhcsr.com.