The University of Chicago Divinity School 2024-2025 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 the University Student Health Insurance Plan (U-SHIP) for up to four quarters.

Doctoral students in the Divinity School will continue to have their USHIP 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. Students may request academic accommodations for a medical condition by contacting Student Disability Services.



MEDICAL / PARENTAL RELIEF LEAVE OF ABSENCE APPLICATION (2024-25)

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: 🖵 Pare | ntal Relief Leave of | of Absence (one quarter only) | General Med | lical Leave of | Absence |
| Effective Date: | Quarter of Expected Return: | | | | |
| (quar | ter/year) | | (quart | er/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 during the approved period of Medical or Parental Leave of Absence.
- Any change to the original approved Medical/Parental LOA request requires completion and submission of a new request form.

| Student's Signature: | |
|----------------------|--|
| | (your signature indicates you have read the above information) |

____ Date:____

(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 for a maximum of four quarters or until they return to enrollment.

_____ Student has University funding that will cover the cost of the premium while on leave.

DOS Signature_____

Date:_____

If approved, DOS please attach a copy of this completed application when submitting the leave notification to the Registrar's Office. Any questions, feel free to email Celia Bergman in Campus and Student Life (cbergman@uchicago.edu).