
GUIDELINES FOR APPLYING TO RETURN FROM A MEDICAL LEAVE

- I. **DEADLINES.** The deadlines for receipt of all application-to-return materials are May 15 for the fall semester and December 1 for the spring semester, and April 1 for summer semester. These deadlines are firm.
- A. Students who depart by October 1 are eligible to apply to return to EKU the following fall/spring/summer semester; those who leave by March 11 may apply for the upcoming fall semester. (Students who depart campus on medical leave for physical conditions—e.g., a broken leg—after those dates can request, through the Dean of Students Office, permission to apply to return to EKU for the subsequent semester.)
 - B. If you do not apply to return from medical leave as scheduled, you will not be allowed to register for classes in subsequent semesters. If you are not enrolled after four consecutive semesters you must reapply for admission to the University.
- II. **THE APPLICATION TO RETURN.** The application includes the following items:
- A. A letter in which you review and address your role in the conditions or circumstances that led up to your medical leave; take responsibility to try to prevent those events and conditions from reoccurring (if applicable); and, most importantly, describe the progress in recovery that indicates that you are ready to return to your academic pursuits at Eastern Kentucky University. You should also outline the network of support that you plan to employ upon your return to EKU. This letter is not to exceed 1000 words in length.
 - B. Documentation from your healthcare professional that confirms you are able to return and perform the activities expected of EKU students, with or without reasonable accommodation.
 - C. It is often the case that the committee seeks additional information from a student's healthcare professional. **You will need to sign a waiver of privacy with your treating physician or mental health provider in order to allow them to speak to the Dean of Students or the Registrar.** Most healthcare providers have a standard waiver form available.
- III. **KEY FACTORS.** EKU expects the student returning from medical leave to be capable of pursuing academic and social goals without detracting from the welfare of other students.
- A. In determining whether a student is fit to resume the duties outlined above, the committee considers a number of factors closely, including:
 - 1. the conditions that led the student to take a medical leave;
 - 2. information provided by the student and the student's healthcare professional, and any other documentation submitted in support of the student's application;
 - 3. the appropriateness of your academic and social plan, should you be approved to return; and
 - 4. the network of support you expect to employ upon your return to EKU, and the University's ability to provide appropriate support.
- IV. **THE COMMITTEE'S DECISION.** The decision regarding a student's application to be cleared to return from medical leave rests solely with the committee. The committee includes the Registrar and Dean of Students in consultation with the Offices of: University Housing, the Student Health Center or the EKU Counseling Center.
- A. Please note that the evaluation of the application to return involves a number of individuals and offices and that it typically takes up to four weeks for the committee to make a final decision.
 - B. Should questions arise about a student's application, any committee member has the discretion to consult with other offices/administrators, as needed. Likewise, the Registrar or Dean of Students may contact the student, the student's healthcare provider, or both, to solicit more information.
 - C. You can help expedite this process by providing your healthcare providers with waivers to speak to the Dean of Students or the Registrar when you submit your application to return.

- V. **CLEARANCE.** After reviewing an application, the committee decides whether a student should: (a) remain on medical leave; (b) be cleared to return without conditions; or (c) meet additional requirements as part of their application to return. Notice regarding the committee's decision is sent to your EKU email account and the mailing address provided on your medical leave application.
- A. If the committee decides:
1. a student should remain on medical leave, the student need not do anything; or
 2. to clear the student to return without conditions, the student will be notified to contact their advisor and begin the advising and registration process; or
 3. the student needs to meet additional requirements as part of the application to return, the Dean of Students and Registrar will notify you of the conditions that you would need to meet in order to be cleared to return. For example, you may be required to identify a local, off-campus therapist and psychiatrist for support upon your return to campus, and to provide members of your support network at home and in the Richmond area with waivers to allow them to communicate about the best strategies to provide you with ongoing support.
 - (1) Most healthcare providers have a standard waiver form available for you to sign.
 - (2) In this case, you would be required to provide written confirmation from your healthcare provider at home that you will continue working with him/her, or that you have been accepted as a patient by a provider in the local Richmond area, in order to preserve your continuity of care.
 - (3) Once the committee receives confirmation from your healthcare provider, we will verify that you are in good standing with the Offices of Student Accounts, the Office of Financial Aid, the Office of Student Rights & Responsibilities, and University Housing (if applicable).
 - (4) If you have matters outstanding with any of these offices, you will be responsible for addressing all matters satisfactorily by August 1 to return in the fall semester, and by January 2 to return in the spring semester. If no matters are outstanding, you are then cleared to return to campus.
- B. Housing and dining forms and registration materials are not available prior to your clearance to return. No exceptions are possible.
- C. All outstanding bills must be paid prior to returning to campus.
- D. If you are uncertain of your status with the university, contact the Registrar at (859) 622 – 1097. The decision by the committee about a student's application is final. If the committee decides not to approve a student's application to return, the student's leave is extended, and the student is eligible to apply to return by the deadline for the subsequent semester.

COVER PAGE, APPLICATION TO RETURN FROM MEDICAL LEAVE

LAST NAME:	FIRST NAME:	:
CLASS (PLEASE CIRCLE): FR SO JR SR GRADUATE LEVEL		
CURRENT MAILING ADDRESS		CITY, STATE, ZIP
HOME PHONE #		CELL #

I AM APPLYING TO RETURN TO EASTERN KENTUCKY UNIVERSITY FOR: FALL _____ SPRING _____ SUMMER _____

YES NO

I have provided my healthcare provider with a release so that s/he may talk to the Dean of Students (or another member of the committee) about my preparation to return to the University.

The complete application to return includes this cover page, your letter, the appropriate diagnosis form from your healthcare professional and, as applicable, other documentation, including hospital discharge papers, diagnostic tests, etc. The committee only reviews applications completed by the appropriate deadline. (Please see "Guidelines for Returning from a Medical Leave" above for more details.)

The deadline for receipt of this application and all supporting documents:

- Deadline for consideration for the fall semester May 15
- Deadline for consideration for the spring December 1
- Deadline for consideration for the summer April 1

The application to Return from a Medical Leave and all supporting documentation should be sent to:

Dean Of Students
Whitlock CPO 50
521 Lancaster Avenue
Richmond, KY 40475-3150
PHONE: (859) 622-1721 FAX: (859) 622-2402

PSYCHOLOGICAL OR MEDICAL DIAGNOSIS FORM

This form should be sent directly by your healthcare provider and be completed and returned to EKU by the deadlines noted.

To: Healthcare Provider

We want to put your patient in the best position to succeed in the semester he or she returns to Eastern Kentucky University, and hope that you will address the topics noted in the bullet points below in a separate letter on office letterhead.

Please return this form and your letter directly to:

Dean of Students, SSB CPO 50, 521 Lancaster Avenue, Richmond KY 40475-3150

Provider Name:

Degree:

Patient's name:

Dates seen:

Please address the following points in your letter. We appreciate any additional information you feel would assist EKU in providing support for your patient's success.

ASSESSMENT

- What tests were administered to reach your diagnosis and course of treatment? Include date of initial assessment.

DIAGNOSIS

- What is your diagnosis of the student's current condition?
- How have the symptoms of this condition(s) that earlier prevented the student from fulfilling his or her responsibilities at EKU been resolved?

PROGNOSIS

- Follow-up plans (please include assessment of need for continued psychotherapy, medications, etc.).
- Please describe your patient's willingness to continue with any necessary therapy.
- Please describe the strategies this student has developed under your care that will preclude the reoccurrence of symptoms.
- Do you believe this student is capable and willing to pursue academic and social goals without detracting from the welfare of other students?
- Will the student continue to work with you or have they been referred to a physician or mental health provider in the Richmond area for continuation of care? If so, please provide the name of the referral.