Medical Leaves of Absence  A to Z

Kevin Charles DEd, FACHA
Asst. VP, Stu. & Acad. Svcs., and Exec. Dir. Health Services
University of New Hampshire (Durham)
University of New Hampshire

At a Glance…

Founded 1866 - Land Grant, Sea Grant and Space Grant Charter

Colleges and Schools
• Graduate School
• College of Engineering and Physical Sciences
• College of Liberal Arts
• College of Life Sciences and Agriculture
• College of Health and Human Services
• Peter T. Paul College of Business and Economics
• Thompson School of Applied Science
• UNH School of Law
• University of New Hampshire at Manchester
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Full-time Faculty:</td>
<td>976</td>
</tr>
<tr>
<td>Number of Full-time Staff Members:</td>
<td>1,702</td>
</tr>
<tr>
<td>Number of Students:</td>
<td>14,500</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>12,200</td>
</tr>
<tr>
<td>Graduate</td>
<td>2,300</td>
</tr>
</tbody>
</table>
University of New Hampshire

Health (Medical or Psychological) Withdrawal Processes

• Involuntary (Administrative Separation) – Dean of Students

• Voluntary – AVP/Executive Director of Health Services
University of New Hampshire

Number of Withdrawals in the last 5 years

• Involuntary: 6

• Voluntary:
  o Total 516
  o Range per year 93 - 112
  o Average per year 103
  o Percent Psychological 70%
  o Percent Medical 30%
University of New Hampshire

- During the fall and spring semesters, when classes are in session, through the Assistant Vice President for Student & Academic Services/Executive Director of Health Services

- After classes end, College Associate Dean

- Within one week of talking with AVP, student must request a letter from health care provider (physician, therapist, etc.)

**Specifications:**
- Letter must be typed on office letterhead stationery
- Must indicate the diagnosis and/or specific nature of health condition
- Clinician verify/support this as the reason for need to withdraw
- Letter remains at Health Services
Sample Letter
To Support a Health Withdrawal

Date

Dear Dr. Charles,

I am writing in support of a health withdrawal for __________________ (name & DOB) for the _____ semester at the University of New Hampshire because of a diagnosis of ______________________________.

I have seen this patient on the following dates or period of time: ______________ and verify and support this health condition as the reason for his/her need to withdraw from UNH.

Sincerely,

health care provider’s name/credentials
Form: Request to Withdraw from UNH for Health (Medical or Psychological) Reasons

**Note:** A health withdrawal is a complete separation from the University (not a leave of absence). Once a student has withdrawn from UNH, the student must apply for readmission through the Admissions Office.

Withdrawal is requested for ___ Fall  ___ Spring  Year: _____

I, _______ (legal name printed), _______ (ID# or DOB _______),

request a withdrawal from the University of New Hampshire for health reasons.

I have read and understand the “Health Withdrawal Process and Readmission Policy” (available at http://www.unh.edu/health-services/withdrawals). I understand that if this request is approved, it is effective immediately and may not be rescinded. I further understand that it is UNH policy that students are prohibited from readmission until one semester has elapsed following a health withdrawal.

__________ (Signature and date) ___________ (email) @wildcats.unh.edu
University of New Hampshire

- Explanation of campus resources and contact information: Housing/Res. Life, Dining, Registrar, Business Office, College Dean, Dean of Students, Disability Services for Students Office, Student Health Benefits Plan, etc.

- We will also assist with outside connections to local therapists, physicians, etc.
University of New Hampshire

Readmission Process

• Every student who plans to return to the University must apply through the Admissions Office

• Letter from health care provider who has treated the student since the withdrawal

  **Specifications:**
  o Must be typed on office letterhead stationery
  o Must indicate the extent of treatment and readiness to resume studies, as well as a description of the current status of condition
  o Any special needs that may be required upon arrival on campus?

• Letter sent directly to Health Services, Executive Director’s Office,
Sample Letter
Readmission after a Health Withdrawal

Date

Dear Dr. Charles,

I am writing in support of the readmission of __________________ (name & DOB) to the University of New Hampshire for the _____ semester after taking a health withdrawal.

I have seen this patient on the following dates: _______________ for treatment of ________________________________.

The current status of his/her condition is: _________________________________.
I support his/her readiness to return to UNH.

Sincerely,

health care provider’s name/credentials
University of New Hampshire

- The health care provider's information is confidentially reviewed by the Executive Director of Health Services
- The Admissions Office will consult with the Executive Director of Health Services and Academic Dean before making a final decision regarding admission
Health Withdrawal Processes Vary Greatly

e.g., New England Land Grant Universities:

<table>
<thead>
<tr>
<th>University</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>U of MAINE</td>
<td>Bursar’s Office</td>
</tr>
<tr>
<td>U of Vermont</td>
<td>College Dean’s Office</td>
</tr>
<tr>
<td>U of NH</td>
<td>AVP/ED Health Services</td>
</tr>
<tr>
<td>UCONN</td>
<td>Dean of Students Office</td>
</tr>
<tr>
<td>UMASS-Amherst</td>
<td>Health Services (Medical Director)</td>
</tr>
<tr>
<td>URI</td>
<td>Appropriate Dean’s Office</td>
</tr>
</tbody>
</table>