MLOA Request Recommendation

REQUEST for Medical Leave of Absence Healthcare Provider's Recommendation

Students wishing to take a medical leave of absence must have their treating licensed healthcare provider submit this MLOA recommendation form directly to **gradacademics@duke.edu**.
Students should not complete or submit this form.

Full name of student _____

Provider Name _____

Address _____

Phone/email _____

Please check all that apply to describe your role in the student's care

- ☐ Primary Care Provider
- ☐ Psychiatrist
- ☐ Advanced Practice Provider (APP)
- ☐ Licensed Mental Health Provider
- ☐ Other_____

HEALTH ISSUES AND TREATMENT DURATION

Please specify all health conditions that have prompted the student's request for a medical leave of absence, listing them in order of priority. Additionally, indicate how long you have been treating the student.

Please save this completed form as a pdf and email it to ***gradacademics@duke.edu*** *for the Academic Dean's review.*
Updated 9/3/25

MLOA Request

NEED FOR MEDICAL LEAVE

Based on your assessment, does the student's health conditions significantly impair their academic functioning to warrant a medical leave of absence to pursue treatment?

- ☐ Yes
- ☐ No

If yes, please indicate your treatment/intervention recommendation(s) for the student while they are away on medical leave:

Please check all that apply:

- ☐ I will serve as the student's primary healthcare provider during their time away from Duke.
- ☐ I have provided referrals to the student for treatment during their time away from Duke.
- ☐ The student already has an identified provider.
- ☐ The student will arrange treatment independently or with assistance from their family.
- ☐ I am a Duke University CAPS healthcare provider.
- ☐ I am a Duke University Student Health Center healthcare provider.
- ☐ I have the student's written permission to communicate with you regarding their leave of absence

Licensed Healthcare Provider (printed name) Signature Date

License Number Licensing State/Country

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