MLOA Return Recommendation

RETURN from Medical Leave of Absence Healthcare Provider's Recommendation

Students wishing to return from a medical leave of absence must have their treating provider (e.g. 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_____

DIAGNOSIS AND TREATMENT

Please provide the specific diagnosed health conditions that you provided treatment for, the duration of treatment (date/month/year), the total number of visits or treatment sessions, and a summary of the treatment provided, including the student's engagement, observed progress and/or completion status.

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 Return

READINESS TO RETURN

Based on the student's treatment progress and in your current assessment, do you believe they are ready to return to a full-time, and rigorous graduate study at Duke?

☐ Yes

☐ No (If no, please explain)

TREATMENT FOLLOWING RETURN

What are your treatment recommendations for the student's return to full-time graduate study at Duke?

Will the student continue receiving treatment from you while at Duke?

☐ Yes

☐ No

Licensed Healthcare Provider (printed name)	Signature	Date

License Number	Licensing State/Country

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