

Art Academy of Cincinnati
Medical Leave of Absence Provider Report Form



This Medical Leave of Absence Form must be completed in full. Any missing information may result in a delay in processing your request. Please type or print clearly in ink.

Section 1: To be completed by the student:

Student Name: _____ Date of Birth: _____ Student ID: _____

Permanent Street Address: _____

Permanent City, State and Zip Code: _____

Phone: _____ Cell Phone: _____ Preferred Email: _____

Semester (Summer, Fall, Spring) for which you are requesting an MLOA: _____

Year for which you are requesting an MLOA: _____

I understand and consent to the following: The information below will be reviewed by the Office of the Academic Dean. I also understand that the Academic Dean may share this information with other AAC officials, as necessary, for the purpose of review of the Medical Leave of Absence (MLOA) request.

Signature: _____

Date: _____

Section 2: To be completed by licensed treatment provider:

The above-named student has requested a Medical Leave of Absence (MLOA) from the Art Academy of Cincinnati, claiming to have had a condition that prevented them from meeting the expectations of a student during the above indicated term. The student reports that you evaluated or treated them for that condition during that time period. Please complete the form, in its entirety, the following information regarding that condition, sign and forward to the Office of the Academic Dean at the address listed at the bottom of this form.

Provider's Name: _____ Provider's Title / Degree: _____

Provider's Area of Medical / Mental Health Specialization: _____

Office Address: _____

Office City, State and Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Part A: Your assessment and treatment of the student:

1. Medical in nature _____ Psychological in nature _____

Other: _____

2. Date(s) of treatment / assessment: _____ to _____

Part B: Your assessment of the student

1. Do you believe that this student is currently a danger to themselves? Yes No
2. Do you believe that this student is currently a danger to others? Yes No

Part C: Your recommendation

1. Do you believe that the student, due to the condition(s) referred to above, was unable to meet the expectations of a student during the time period of the requested MLOA? Please include additional comments and/or documentation as necessary. Yes No
Comments (if applicable): _____

2. Do you support the granting of an MLOA for the requested academic term? Yes No

Signature of the provider: _____ Date: _____

Please complete in full and return to student

Section 3: To be completed by student

Complete your Medical Leave of Absence Request Form and attach this "Provider Report Form" with your submission. All submissions are sent to the Office of the Academic Dean for review.

Art Academy of Cincinnati
Office of the Academic Dean
1212 Jackson Street
Cincinnati, OH 45202