

Art Academy of Cincinnati
Return from Medical LOA Provider Report Form



This Return from Medical LOA Form must be completed in full and submitted to the Office of the Academic Dean by published deadlines for the term in which the student wishes to re-enroll. The 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 a return from an MLOA: _____

Year for which you are requesting a return from 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 Return from a Medical Leave of Absence (MLOA) request.

Signature: _____ Date: _____

Section 2: To be completed by licensed treatment provider:

The above-named student has been previously granted a Medical Leave of Absence (MLOA) from the Art Academy of Cincinnati, and is indicating readiness to return to full academic participation. The student reports that you evaluated or treated them while on an MLOA. 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 or provide a copy of this to the student to submit.

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. Based on your current evaluation, do you believe that the student is now able to meet the expectations of a student and engage in the rigors of academic and campus life? Please include additional comments and/or documentation as necessary. Yes No
- Comments (if applicable): _____

Signature of the provider: _____ Date: _____

Please complete in full and return to student

Section 3: To be completed by student

Complete your written request and explanation 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