



REASON FOR A HEALTH LEAVE OF ABSENCE/REDUCED COURSE LOAD PROVIDER DOCUMENTATION FORM

Student Name: _____ Cornell NetID: _____

Semester/year of HLOA/reduced course load: _____

Instructions for the Health Care Provider:

- Complete this page to substantiate the student’s request for a health leave of absence or reduced course load
- Return form to the Health Leaves Coordinator (see contact information in letterhead)
- To maintain F-1 student visa status, international students must have the form signed by a licensed medical doctor, Doctor of Osteopathic Medicine, clinical psychologist, or psychologist.

Provider Name: _____

Provider Title: _____

Provider Signature: _____ Date: _____

1. What is the disability or medical/mental health reason for a health leave of absence or reduced course load?

2. How does the student’s disability or physical/mental health impact their ability to engage in a full course load and/or the student experience at Cornell University?

3. What is the recommended course of treatment or plan for recovery? If possible, indicate the expected duration of the treatment/recovery.