



REQUEST FOR MEDICAL LEAVE (ML)

To request a voluntary medical leave of absence (ML), please complete this form and submit it, along with the Consent for Release of Information, to the Student Success Center. Students are strongly encouraged to review Ranken’s policies on MLs. Any questions about the ML process should be directed to the Student Success Center, but students are encouraged to consult with the Registrar and Financial Aid about the potential impact a ML might have on future academic registration and eligibility for financial aid.

PLEASE PRINT

Today’s Date: _____

Student Name: _____ Student ID: _____

Birthdate: _____ Citizenship or Visa Status: _____

Department or Program(s): _____

Date of Initial Enrollment: _____ Expected Date of Graduation: _____

Mobile Phone: _____

Current Email Address: _____

Email Address During Leave: _____

Current Mailing Address: _____

Mailing Address During Leave: _____

Anticipated Date/Semester of Leave: _____

Expected Date/Semester of Return: _____

Have you applied for or received federal loans to pay for any part of your education at Ranken?

- Yes
- No

If yes, please list type of aid, amount received, and amount currently owed:

Are you currently living in on-campus housing?

Yes No

If yes, where? _____

Are you currently in good academic standing?

Yes No

If no, explain: _____

Please explain the reason(s) you are seeking a voluntary ML.

(If the space below is insufficient, please write or print the response on a separate piece of paper and attach to this application.)

I certify that I have reviewed and understand Ranken's policy on requesting and returning from voluntary medical leaves of absence.

Student Signature

Date

Please complete in full and, along with the Consent for Release of Information, return by mail or email to:

Ranken Technical College
Student Success Center
ATTN: ML/Health Records
4431 Finney Ave., Rm. 209
St. Louis, MO 63113
Phone: (314) 286-4891
Email: ssc@ranken.edu