

Please return to:

Field Coordinator, Department of Social Work
University of Wisconsin Oshkosh
800 Algoma Blvd.
Oshkosh, WI 54901



Department of Social Work

REQUEST FOR EXTENDED MEDICAL LEAVE

This form must be completed when students will miss more than 16 hours continuously of Field due to a medical condition. When possible this request should be submitted prior to the Extended Medical Leave. () BSW () MSW Foundation () MSW Advanced

Nature of the Medical Condition- Briefly describe the nature of the medical condition that requires extended leave from MSW Field:

Health Care Provider's Verification: _____ **Date:** _____

Total number of hours missed _____

Explain how the missed hours will be completed:

Date the missed hours will be completed: _____

Approvals:

Field Educator: _____ **Date:** _____

Field Liaison: _____ **Date:** _____

Field Coordinator: _____ **Date:** _____