



CENTER FOR HEALTH AND COUNSELING SERVICES
505 Ramapo Valley Road, Mahwah, NJ 07430-1680
Counseling Services: Phone (201) 684-7522 Fax (201) 684-7995
Health Services: Phone (201) 684-7536 Fax (201) 684-7534
<https://www.ramapo.edu/chcs/>

MLOA Agreement

I have read the information in the MLOA policy and have asked for any needed clarification and explanation. I understand the required conditions of return and the deadlines involved in returning from a MLOA. I accept these conditions and deadlines as part of my responsibilities in taking a MLOA from Ramapo College of New Jersey. I understand that once my courses have been dropped or “W” grades have been awarded this cannot be reversed. **I understand that there will be no refund if the request for an MLOA is completed after the College refund deadline (see Academic Calendar on the web).** I agree to abide by these conditions.

Signature

I prefer any correspondence about this leave is sent to me at the following address:

Print Name

R-Number

Cell phone (or another number where we may call and leave a message for you).

Date

Semester applying for MLOA ___ Fall ___ Spring ___ Summer ___ Year

Are you registered with the Office for Specialized Services (OSS)? ___ Yes ___ No

For Office Use Only

Signed copy given to Client _____)