



College of  
Osteopathic  
Medicine

## COMLEX II LEAVE OF ABSENCE 2023-2024

### COMLEX LEVEL II CE AND PE

Students who do not demonstrate readiness for, or who are not successful in passing COMLEX Level 2, may need to take a LOA to prepare for the next COMLEX Level 2 exam.

1. The student must complete and sign the appropriate Request for a Leave of Absence form (available from the Assistant Dean of Student Administration/Affairs in either campus). The completed request form including the appropriate departmental signatures must be submitted for approval to the Assistant Dean of Student Administration/Affairs in either campus. The student will receive notification of the decision to approve or deny the Leave of Absence request.
2. Before a student will be reinstated from any leave, a Request to Return from a Leave of Absence form, which can be obtained from the Assistant Dean of Student Administration/Affairs in either campus, must be completed with all the appropriate departmental signatures and submitted to the Assistant Dean of Student Administration/Affairs prior to the scheduled return date. The student will be scheduled for a meeting with the Student Progress Committee.

Please note:

- A student's Request for a Leave of Absence form will not be approved and processed until any pending grade has been posted.
- Any student on a Leave of Absence is considered enrolled not attending for Insurance purposes.
- A Leave of Absence cannot exceed six months in any academic year for financial aid purposes.
- The student is not eligible to apply for or receive any Title IV Financial Aid, which includes Direct Stafford Loans, Direct Grad PLUS Loans, for the tuition, fees or living expenses for the billing period that the student had paid for in the previous year.

***By signing below, I agree that I have read and understand the COMLEX II CE & PE policy located in the 2023-2024 Student Handbook including all addendums and that I have received a copy of this form.***

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (printed): \_\_\_\_\_

Leave Dates: \_\_\_\_\_ Class of: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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Please initial the following:

**Insurance:**

\_\_\_\_\_ I am aware that I must continue my health insurance while on leave of absence, if I will be returning to clerkships after the leave is over.

**Return from Leave of Absence Policy:**

\_\_\_\_\_ I am aware the Request to Return from Leave of Absence form must be received prior to my scheduled return

**General Information**

If your account is not paid when due, it may be forwarded to an outside collection agency or attorney. At that time, you will be responsible for paying NYIT all of the costs associated with the collection of your delinquent account, which includes the payment to NYIT of the principal sums due plus additional costs. Additional costs may include, but are not limited to, collection agency fees constituting 33% of the principal balance due if NYIT engages a collection agency to secure payment. If NYIT engages legal counsel to secure payment, additional costs may include legal fees constituting 50% of the principal balance due, plus all other costs associated with collection of the delinquent amounts. All collection matters shall be governed by New York law. The courts of New York shall have exclusive jurisdiction in these matters.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE SIGNATURES AND APPROVALS**

Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

Student Health Insurance: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Education: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Dean of Student Affairs \_\_\_\_\_ Date: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Graduation Date: \_\_\_\_\_