

COMPLEX LEVEL 1 LEAVE OF ABSENCE

Leave of Absence Policy—Handbook 2022-2023

It is anticipated that most students will complete COMPLEX Level 1 prior to the start of the third year Introduction to Clinical Medicine Course. Students who do not demonstrate readiness for the COMPLEX Level 1 prior to the start of the third year Introduction to Clinical Medicine Course or who are not successful in passing COMPLEX Level 1 may need to take an LOA to prepare for the next COMPLEX 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.

By signing below, I agree that I have read and understand the aforementioned policy and that I have received a copy of this form.

Student's signature _____ Date _____

Full Name (printed): _____

Leave period dates: From: _____ Until: _____

Class of: _____

Student ID#: _____

Telephone #: _____

Email: _____

Current Mailing Address: _____

Please initial the following:

Insurance:

Note: Students are strongly encouraged to continue their health insurance while on a Leave of Absence. If you elect not to enroll in the insurance during this time or have coverage through a parents/spouse's policy or Medicaid, please be advised that you will **NOT** be permitted to begin your 3rd year clinical rotations until proof of insurance is provided. Please be aware of the open enrollment periods (January and July) for the insurance carrier prior to making your decision.

I will continue enrollment in the insurance. I am aware that the payment must be paid upfront via certified check.

I will discontinue enrollment in the insurance. Please contact HSA Consulting to Discontinue enrollment at 888-978-8355.

Return from Leave of Absence Policy:

I am aware that the Request to Return from a Leave of Absence Form must be received prior to my scheduled return.

GENERAL INFORMATION

By authorizing a registration or by dropping and/or adding or withdrawing or being dismissed from the courses I registered for this semester, I agree to be charged in accordance with the schedule set forth in NYIT's online catalogs and nyit.edu with respect to payment of tuition and fees, refunds, dropping and adding courses, and, withdrawal and dismissal policies and procedures. I agree to be bound by this registration form and abide by NYIT's rules and regulations set forth in [NYIT's online catalogs](#) and [nyit.edu](#). I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. If my charges are not paid when due, I agree to pay NYIT all fees and costs associated with the collection of my delinquent account. In addition to payment of the principal amount due, the additional fees and costs may include collection agency fees constituting 33 to 50 percent of the principal amount due if NYIT engages a collection agency to collect payment; legal fees of 33.3 percent of the principal amount due if NYIT engages legal counsel to collect payment; any and all interest on the outstanding balance at the maximum legal rate allowed by law and; any and all other costs associated with collection of the amount due

NYIT. I understand my obligation to pay these additional fees and costs associated with collection of my delinquent account.

Student's signature: _____ Date: _____

ADMINISTRATIVE SIGNATURES & APPROVALS

Financial Aide: _____ Date: _____

Student Health Insurance: _____ Date: _____

Clinical Education: _____ Date: _____

Assistant Dean of Student Affairs: _____ Date: _____

Leave Start Date: _____ **Return Date:** _____