COMLEX LEVEL 1
LEAVE OF ABSENCE

Leave of Absence Policy—Handbook 2017-2018

Students are required to take COMLEX Level I prior to enrolling in the third year Introduction to Medicine Course and pass COMLEX Level I prior to beginning third year clerkships. Students who are remediating a course may not take COMLEX Level I until the remediation is completed. A student who fails the COMLEX Level I Examination will be enrolled in a Directed Study course. The student must successfully complete the Directed Study course. The student is required to take the COMLEX Level I as necessary, during the period of the Directed Study course. If a student does not pass the required COMLEX Level I exam taken during the duration of the Directed Study course, the Assistant Dean of Student Services will notify the student that he/she is entitled to petition for a COMLEX Level I Leave of Absence (LOA). The petition must be submitted within 10 working days of the notification of the student’s exam performance. The student will be required to meet with the Student Progress Committee (SPC) for approval of the petition. The Assistant Dean for Student Services will notify the student of the SPC decision about the LOA request. If the LOA request is approved, the student must process the leave form with the Assistant Dean of Student Services. COMLEX Level I Leaves of Absence cannot exceed 180 days in length. If, at the end of this 180 day period, the College has not received documentation that the student has achieved a passing score, the student will be dismissed from NYIT College of Osteopathic Medicine with a status of dismissal, noting, the first day of the LOA as the date of dismissal. During any Directed Study or COMLEX leave of absence, the student will be required to work with a Learning Specialist and the Associate Director of Counseling and Wellness on an ongoing basis. Students may be given a maximum of three opportunities to achieve a passing score on the COMLEX Level I examination. Following three unsuccessful attempts to pass, a student will be subject to dismissal from the college. A student who is on a COMLEX Level I Leave of Absence may not hold an official leadership position in any college-related organizations and may not participate in any off-campus school sponsored conferences. Following passing of COMLEX Level I, the student may return from the COMLEX Level I Leave of Absence by filing the necessary paperwork with the Assistant Dean of Student Services. The student will then resume clerkships by the next scheduled start date of clerkships.
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 _______ To _________

Class of: ________________________ Student ID #: ________________________

Telephone number: _________________________
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/spouses 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% 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 some or all of these additional fees and costs associated with collection of my delinquent account.

Student’s signature: ___________________________ Date: ___________________________

ADMINISTRATIVE SIGNATURES & APPROVALS

(Student must obtain signatures from all offices listed below)

Financial Aid: ___________________________ Date: ___________________________

Student Health Insurance: ___________________________ Date: ___________________________

Clinical Education: ___________________________ Date: ___________________________

Assistant Dean of
Student Services: ___________________________ Date: ___________________________

Leave Start Date: ___________________________ Return Date: ___________________________