



**2022-2023**

**REQUEST FOR MEDICAL/FAMILY MEDICAL/MILITARY LEAVE OF  
ABSENCE**

**INSTRUCTIONS**

Students who need to spend time away from their medical studies for documented medical/family/military reasons may apply for an Official Medical/Family/Military Leave of Absence (LOA).

1. The student must complete and sign a Request for a Leave of Absence form (available from the Assistant Dean of Student Administration/Affairs in either campus). Supporting documentation, such as a letter from the physician (including diagnosis, prognosis, treatment plan and expected leave period including date of return) for medical leaves, must accompany the request form. NYIT College of Osteopathic Medicine (NYITCOM) may also request a medical assessment by a physician chosen by NYITCOM prior to approving the leave. 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. For a medical leave of absence, the student must submit medical clearance from the physician. NYITCOM may also request a medical clearance from a physician chosen by NYITCOM prior to approving the return form.
- 3.

**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 an LOA 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 \_\_\_\_\_



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

Anticipated leave and return dates: \_\_\_\_\_

Class of: \_\_\_\_\_ Student ID #: \_\_\_\_\_

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

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

Reason (s) for taking a Leave of Absence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

**Any outstanding balances must be paid prior to returning to NYIT College of Medicine. Tuition for the repeated billing period will be due prior to the start of classes. A student will be charged 50 percent of the normal tuition charges of any repeated billing period of the year that she or he had already paid 100 percent of the billing period in the year of withdrawal or leave of absence. A student is responsible for paying all fees, including the health insurance fee, for the repeated year, before beginning classes.**

Please initial the following:

**Insurance:**

**Note:** Students in the 3<sup>rd</sup> and 4<sup>th</sup> year 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 parent's/spouse's policy or Medicaid, please be advised that you will **NOT** be permitted to resume your 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.



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\_\_\_\_\_ I will continue enrollment in the insurance. I am aware that the payment must be paid up front via a certified check.

\_\_\_\_\_ I have coverage through my parent's/spouse's policy or Medicaid. Before I return, I will re-submit a waiver form to the Director of Student Life.

\_\_\_\_\_ I will discontinue enrollment in the insurance. Please see the Director of Student Life to complete a change form. If you have any additional questions, please contact HAS Consulting at 888-978-8355.

\_\_\_\_\_ 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](http://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](http://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 signature: \_\_\_\_\_

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



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**ADMINISTRATIVE SIGNATURES AND APPROVALS**

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

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

**3rd and 4th Year students** must meet with the Clinical Education Department

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

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

Type of Leave:  Medical       Family Medical       Military

Start: \_\_\_\_\_ Return: \_\_\_\_\_