REQUEST FOR MEDICAL/MILITARY LEAVE OF ABSENCES

INSTRUCTIONS

1. The Student must complete and sign a Request for a Leave of Absence Form (available from the Assistant Dean of Student Administration 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 may also request a medical assessment by a physician chosen by NYIT College of Osteopathic Medicine prior to approving the leave. The completed request form including the appropriate departmental signatures must be submitted in person on the NYIT College of Osteopathic Medicine campus for approval to the Assistant Dean of Student Administration 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 re-instated from any leave, a Request to Return from a Leave of Absence Form, which can be obtained from the Assistant Dean of Student Administration in either campus, must be completed with all the appropriate departmental signatures and submitted to the Assistant Dean of Student Administration prior to the scheduled return date. For a medical leave of absence, the student must submit medical clearance from the physician. NYIT College of Osteopathic Medicine may also request a medical clearance from a physician chosen by NYIT College of Osteopathic Medicine prior to approving the Return from a Leave of Absence Form.

Please note:
- A student’s Leave of Absence 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): __________________________________________

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 3rd and 4th 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.

_______ 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 HSAConsulting at 888-978-8355.

Return 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 signature: __________________________________________ Date: ________________

____________________________________________________
________________________________________________________

ADMINISTRATIVE SIGNATURES & APPROVALS

(Student must obtain signatures from all offices listed below)

Financial Aid: __________________________________________ Date

Student Health Insurance: __________________________________________ Date

College Property Returned (ID card, mailbox key, etc.): __________________________________________

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

Associate Dean for Clinical Education: _____________________________ Date

Office use only:

Leave not Approved: _____________________________ Date: ________________

Leave Approved: _____________________________ Date: ________________

Type of Leave: ______ Medical / ______Military

Leave Start Date: ________________ Return Date: ________________