



**2022-23**

**REQUEST TO RETURN FROM A LEAVE OF ABSENCE**

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

Date of Return: \_\_\_\_\_

Year of Expected graduation: \_\_\_\_\_ Student Id #: \_\_\_\_\_

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

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

**Instructions:**

The form can be obtained from the Assistant Dean of Student Affairs; the form must be submitted three weeks prior to the scheduled return date; Student must complete this form and meet with Office of Financial Aid, Student Health Insurance and the Office of Clinical Education (3<sup>rd</sup> and 4<sup>th</sup> year students ONLY) to obtain the required signatures; Students on a Medical Leave of Absence must also submit written documentation from their physician indicating that they are medically cleared to return. Please attach a statement from your physician to this form; 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 Right to Return from a leave of Absence.

Students must provide proof of enrollment for health insurance prior to returning. If you have insurance through a private carrier (non-NYITCOM policy), please attach proof of insurance to this form; Return completed form along with required documentation to the Assistant Dean of Student Affairs Office for processing; Student will receive a signed copy of this form notifying him/her of the status of their request.

**Students who are returning from a leave of absence are bound by the Student Handbook applicable to the year they are returning to.**

Have you been convicted of a misdemeanor or felony or have an outstanding arrest prior to determination since you have completed your Criminal Background check?  Yes  No

**If yes, please describe the specific nature, year, location, and disposition to date of the charge:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any identified discrepancy between your responses on this form and your background check may be grounds for dismissal from NYIT College of Osteopathic Medicine



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Have you ever been reprimanded, admonished, or had a license suspended or revoked by any professional licensing authority or board?  Yes  No

Any identified discrepancy between your responses on this form and your background check may be grounds for dismissal from NYIT College of Osteopathic Medicine.

If Yes, please describe the specific nature, year, location, and disposition to date:

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I certify that the information above is true, accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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.

I understand and agree to the conditions as they are presented above.

**Signature:** \_\_\_\_\_

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

\* Each New York Institute of Technology (NYIT) student and each member of the NYIT faculty and staff agrees that NYIT has his or her permission to record by videotape/film/digital recording his or her image and voice at all NYIT classes, activities and events, whether on or off campus, and to use such recordings for academic, publicity and promotion purposes in perpetuity. NYIT shall be the exclusive owner and copyright holder of, and possess all right, title, and interest to, such recordings.



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**ADMINISTRATIVE SIGNATURES & APPROVALS**

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

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

**3<sup>rd</sup> and 4<sup>th</sup> Year students** must meet with the Clinical Education Department to schedule their

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

Office use only:

If applicable, Medical Documentation received by: \_\_\_\_\_

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

Return Date: \_\_\_\_\_ Returning to Class of \_\_\_\_\_