OFFICE OF THE REGISTRAR

2020-21
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 Services;
☐ Form must be submitted 6 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 (3rd and 4th 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 Services 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.

 HAVE YOU EVER BEEN REPRIMANDED, ADMONISHED, OR HAD A LICENSE SUSPENDED OR REVOKED BY ANY PROFESSIONAL LICENSING AUTHORITY OR BOARD?

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

 or

YES NO

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


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

_________________________  __________________________
Signature                        Date

I understand that by authorizing a registration, and/or dropping or withdrawing from the course(s) that I have registered for during this semester, I agree to be charged in accordance with the published schedule of charges set forth in the college catalog with respect to the payment of tuition, fees, refunds, dropping and adding courses and the withdrawal policy procedures. I agree to be bound by this registration authorization and abide by the rules and regulations published in the current catalog. I agree to pay my debt to NYIT/COM for any amounts due for tuition and fees and other charges. In the event that all charges are not paid when due, I agree to pay NYIT/COM all of the costs associated with the collection of my delinquent account, which includes the payment to NYIT/COM of the principal sums due, plus all costs, which may also include, but are not limited to collection agency fees constituting 33% of the principal balance due if NYIT/COM engages a collection agency to secure payment, or legal fees constituting 50% of the principal balance due, if NYIT/COM engages legal counsel to secure payment, plus interest on the outstanding balance at the maximum legal rate allowed by law, and any and all other costs that will be associated with the collection of the delinquent amounts. All collection matters shall be governed by New York law; the courts of New York shall have exclusive jurisdiction in these matters.

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

_________________________  __________________________
Signature                        Date

*Each student agrees that, once admitted to New York Institute of Technology College of Osteopathic Medicine, NYITCOM, has the student’s permission to take photographs and videos of the student for publicity purposes during the class, at class-related functions, activities and events, and that NYITCOM shall be the exclusive owner and copyright holder of, and possess all right, title, and interest to, all such photographs and video.
ADMINISTRATIVE SIGNATURES & APPROVALS
(Student must obtain signatures from all offices listed below)

Financial Aid: ____________________________ Date ____________

Student Health Insurance: ____________________________ Date ____________

3rd and 4th 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: ____________________________ Date ____________

Return Approved by: ____________________________ Date ____________

Return Date: ____________________________ Returning to Class of ____________________________