

COMLEX LEVEL 1 LEAVE OF ABSENCE

Leave of Absence Policy—Handbook 2026-2027

It is anticipated that most students will complete COMLEX Level 1 prior to the start of the third year Introduction to Clinical Medicine Course. Students who do not demonstrate readiness for the COMLEX Level 1 prior to the start of the third year Introduction to Clinical Medicine Course or who are not successful in passing COMLEX Level 1 during their third year, will be required to take a COMLEX LOA at the completion of their third year to prepare for the next COMLEX exam. A COMLEX LOA cannot exceed 180 days. Students are required to pass Level 1 before the LOA ends. Students cannot begin year four without passing Level 1.

Applying for a COMLEX Leave of Absence

1. The student must complete and sign the appropriate Request for a Leave of Absence form available on the Student Resources page of the COM website. The completed request form signed by the student must be returned to the appropriate office by the student. The form, including the appropriate departmental signatures, will be processed by the Office of the Registrar.
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 Student Resources page of the COM website must be completed, signed by the student, and returned. The form, with all of the appropriate departmental signatures, will be processed by the Office of the Registrar.

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 a leave of absence is considered enrolled not attending for insurance purposes.
- A leave of absence cannot exceed 180 days in any academic year for financial aid purposes.
- 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.

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: _____ Until: _____

Class of: _____

Student ID#: _____

Telephone #: _____

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/spouse's policy or Medicaid, please be advised that you will **NOT** be permitted to begin your 3rd or 4th 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 school health insurance plan. I am aware that I am responsible for the payment.

☐ I have coverage through an acceptable wavier, and before I return I will contact the Director of Student Life in Old Westbury or the Associate Director of Financial Aide in Jonesboro about resubmitting a new wavier.

☐ I will be discontinuing enrollment in the school insurance plan. I am aware that I cannot return to rotations without health insurance, if I am opting back it to the school plan, it can only be during the open enrollment period of January or July. Please contact the Director of Student Life in Old Westbury or the Associate Director of Financial Aide in Jonesboro to discuss this option. For additional questions, please contact HSAConsulting 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 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's signature: _____ Date: _____

ADMINISTRATIVE SIGNATURES & APPROVALS

Financial Aide: _____ Date: _____

Student Health Insurance: _____ Date: _____

Clinical Education: _____ Date: _____

Associate/Assistant Dean of Student Administration: _____ Date: _____

Leave Start Date: _____ Return Date: _____

DATE BY WHICH EXAM MUST BE TAKEN: _____