

NEW YORK INSTITUTE OF TECHNOLOGY

College of Osteopathic
Medicine

Office of the Registrar

2026-2027

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).

The student must complete and sign a Request for a Leave of Absence form (available on the Student Resources page of the COM website). 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 in Jonesboro or the Associate Dean for Student Administration in Old Westbury. The student will receive notification of the decision to approve or deny the Leave of Absence request.

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 with all the appropriate departmental signatures and submitted to the appropriate office prior to the scheduled return date. For a medical leave of absence, the student must submit a medical clearance from their physician. NYITCOM may also request a medical clearance from a physician chosen by NYITCOM prior to approving the Return from a Leave of Absence form.

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 180 days 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: _____

BS/DO/Traditional (Circle One)

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.

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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 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 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

Pre-Clinical/Clinical Education: _____ Date _____

Associate/Assistant Dean of Administration: _____ Date _____

SPC Meeting Date: _____

Type of Leave: ☐ Medical ☐ Family Medical ☐ Military

Start: _____ Return: _____