NEW YORK INSTITUTE
OF TECHNOLOGY

College of Osteopathic
Medicine

OFFICE OF THE REGISTRAR

2026-27
REQUEST TO RETURN FROM A LEAVE OF ABSENCE

Full Name (printed): _____

Date of Return: _____

Year of Expected graduation: _____ Student Id #: _____

Telephone #: _____ Email: _____

BS/DO/Traditional (Circle One)

Current Mailing Address:

_____

_____

_____

Instructions:
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. 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.

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 Associate/Assistant Dean of Student Administration 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:

_____

_____

_____

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 33.3percent 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_____

3rd and 4th Year students must meet with the Clinical Education Department to schedule their rotations

Pre-Clinical/Clinical Education:_____ Date_____

SPC Meeting Date:_____

Office use only:

If applicable, Medical Documentation received by:_____

Associate/Assistant Dean of Student Administration:_____
Return Date:_____ Returning to Class of_____