



HOFSTRA NORTHWELL  
SCHOOL of MEDICINE  
AT HOFSTRA UNIVERSITY™

## Academic Leave of Absence for Research Proposal Form – Part B 2016-2017

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Hofstra Northwell School of Medicine  
Student Research Advisory Committee  
500 Hofstra University  
Hempstead, NY 11549-5000  
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phone: 516.463.7417

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**Instructions:** An academic leave of absence may be requested if a student plans to take time off from medical school to work on a research project. This request must be submitted to the Student Research Advisory Committee for approval. As the student's mentor, please speak to the role of the candidate and his/her planned contributions to the project.

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### Section 1: Project Information *(feel free to attach a separate document for the following section)*

Describe the student's role in the project:

What is the financial support for the student's research activities for this project?

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### Section 2: Certification

I, \_\_\_\_\_ (print mentor name), understand that it will be \_\_\_\_\_'s (student name) responsibility to provide one mid-year progress report to the Student Research Advisory Committee. The Student Research Advisory Committee reserves the right to change the type of leave if this student's project is not deemed to be a full-time academic research project.

Does this project have IRB/IACUC protocol approval? Yes No

Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_