**Please Read:** Students may submit this application to request a leave of absence (LOA). A LOA may be requested for academic or personal reasons and will be granted in accordance with the LOA policy. Once approved, academic LOAs in the research category will be reflected on a student’s transcript as a year-long course called, “Independent Study in Medicine.” All other types of LOAs will be reflected as “LOA” on the student’s transcript.

Policy URL: [http://medicine.hofstra.edu/about/policies/policies_leaveofabsence.html](http://medicine.hofstra.edu/about/policies/policies_leaveofabsence.html)

Student must complete sections 1-4.

**Section 1: STUDENT INFORMATION**

Year in school (current year): ○ MS1 ○ MS2 ○ MS3 ○ MS4 ○ Other ________

Name: ____________________________ ____________________________ __________

  Last First Middle initial

700 #:____________ Start Date: ______________ End Date: __________________

**Section 2: IDENTIFY TYPE OF LEAVE AND DOCUMENTATION REQUIRED**

☐ **Personal LOA**

A personal LOA may be taken if you need to leave school for a non-academic reason.

**DOCUMENTATION THAT MUST BE SUBMITTED:**

☐ For health-related conditions, documentation determined to be appropriate by the Office of Student Affairs must be submitted.

☐ In order to complete this form, you must meet with the Office of Financial Aid. This form will not be accepted unless the Office of Financial Aid attests to having presented information to you regarding your LOA and the financial implications of said LOA.

_____________________________ ______
Signature of Director of Financial Aid Date
☐ Academic LOA for Research

An academic leave of absence may be requested if the student plans to take time off from medical school to work on a research project. The Research Advisory Committee is responsible for reviewing and approving the student research project taking place during the LOA.

DOCUMENTATION THAT MUST BE SUBMITTED:

☐ Research Project Proposal Form (this can be found on the website)
☐ In order to complete this form, you must meet with the Office of Financial Aid. This form will not be accepted unless the Office of Financial Aid attests to having presented information to you regarding your LOA and the financial implications of said LOA.

Signature of Director of Financial Aid Date

☐ Academic LOA for a Degree-Granting Program

An academic LOA may be requested if the student plans to take a year off to pursue a degree at an outside institution.

DOCUMENTATION THAT MUST BE SUBMITTED:

☐ Acceptance letter from degree-granting program.
☐ In order to complete this form, you must meet with the Office of Financial Aid. This form will not be accepted unless the Office of Financial Aid attests to having presented information to you regarding your LOA and the financial implications of said LOA.

Signature of Director of Financial Aid Date

Section 3: PLANNED RETURN DATE

I plan to return on the following date: ____________ .

Section 4: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is accurate; (2) I understand that my financial aid may be affected by this LOA; (3) I understand that if I apply for an academic leave and it is not approved, I may be able to take a leave under the personal category; (4) I understand that I must be in contact with the School of Medicine at least 90 days prior to my planned return date. At this point, I will confirm my plan to return to school on my planned return date; (5) I understand that in order to request an extension, I will need to submit a new LOA application form; (6) I understand that upon re-matriculation, I will need to be in compliance with all school requirements.

Student’s Signature Date

This request is not valid unless signed and dated by the student.
Section 5: SCHOOL OFFICIAL REVIEW

☐ Approved  
☐ Denied

_______________________________  ______________________
Associate Dean of Student Affairs  Date

☐ Approved  
☐ Denied

_______________________________  ______________________
Vice Dean and Dean for Academic Affairs  Date

For Registrar Office Use Only:
Date Received: _______________
Date Processed in Banner: _______________

For Office of Student Affairs:
Please note any stipulations for this student’s return in the space below.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please complete this section if applicable:

EXTENSION OF LOA:

☐ Approved  
☐ Denied

PLANNED RETURN DATE UPDATED TO: _______________

CHANGE IN LOA STATUS:

☐ Approved  
☐ Denied

PLANNED RETURN DATE UPDATED TO: _______________

__________________________________________  ______________________
Student’s Signature  Date