



HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™

Academic Leave of Absence for Research Proposal Form - Part A

Hofstra Northwell School of Medicine
Student Research Advisory Committee
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Hempstead, NY 11549-5000
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Instructions: An academic leave of absence may be requested if you plan to take time off from medical school to work on a research project. If approved for the Academic Leave of Absence in Research, you will maintain full-time enrollment status and your transcript will read "Independent Study of Medicine" for the academic year instead of "Leave of Absence". This application is due March 15 of the academic year prior to the leave of absence. This leave type will be approved for up to one year.

Section 1: Project Information

Student Name _____ Date _____

(feel free to attach a separate document for the following section)

Project Title:

Project Hypothesis:

Specific Aims/
Research Questions:

I am being funded Yes
to do this project: No

Planned Number of Hours
of Work per Week:

Section 2: Research Mentor Information

Name of Research Mentor _____ Title _____

Email _____ Phone _____

Section 3: Student Certification

I, _____ (print student name), understand that it will be my responsibility to provide one mid-year progress report to the Student Research Advisory Committee. Additionally, I will present my work to the Student Research Advisory Committee at the end of my year of research. The Research Advisory Committee reserves the right to change the type of leave if my project is not deemed to be a full-time academic research project.

Student Signature _____ Date _____