



**DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL**

Academic Leave of Absence for Research Proposal Form

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Advisory Committee for Student Research
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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. Full instructions can be found in the Guidelines for Preparing a Request for a Research Year Leave of Absence.

Section 1: Project Information

Name

Email

Title of Study

Human Subjects Research Yes No IRB approval number and date

Animal Research Yes No IACUC approval number and date

Section 2: Mentor Information

Name

Title

Department and Location

Email

Phone

Section 3: Certifications

I, _____ (print student name) understand that it will be my responsibility to provide one mid-year progress report to the Advisory Committee for Student Research. Additionally, I will present my work to the Advisory Committee for Student Research at the end of my year of research. The Advisory Committee for Student Research 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: _____

I, _____ (print mentor name) understand that it will be _____'s (student name) responsibility to provide one mid-year progress report to the Advisory Committee for Student Research. The Advisory Committee for Student Research 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.

Mentor Signature: _____ Date: _____