Leave of Absence & Intent to Return
Request Form: 2019-20

Office of Student Affairs
500 Hofstra University
Hempstead, NY 11549-5000
email: medicine.students@hofstra.edu
phone: 516.463.7347
fax: 516.463.7543

Instructions:
Part A Leave of Absence Request: Please use this form to request a leave of absence (LOA). One of the following leaves may be requested and will be granted in accordance with the LOA policy: academic, personal, family, military, or medical.

If the leave request is approved, a student’s Leave of Absence is effective when a student’s status is changed by the Office of Student Records. Students on leave have limited access to School of Medicine resources, inclusive of student leadership positions. In addition, a student may have specific requirements to complete prior to re-entry.

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: https://medicine.hofstra.edu/policy/policy-student-affairs-loa.html

Part B Intent to Return: Please use this form to indicate that you intend to return to the School of Medicine on your date of intended return and have met all of the requirements for doing so.

Part A - LEAVE OF ABSENCE

Section 1: STUDENT INFORMATION

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

Name: ________________________     ____________________     _________
Last                             First                                Middle initial

700 #:______________           Last Date of Attendance: __________________________

Section 2: IDENTIFY TYPE OF LEAVE

Students are required to select one leave of absence category, as defined by the policy. For an Academic LOA, please select the type as well.
Section 3: MEETING WITH ASSOCIATE DEAN FOR STUDENT AFFAIRS

Students are required to meet with the Associate Dean for Student Affairs to request a leave of absence. In this initial meeting, the Associate Dean for Student Affairs will counsel the student on the appropriate type of leave, registration implications, and refer them to the appropriate offices to complete the form. The Associate Dean will determine if anything additional is required of the student during the leave and what the student’s planned re-entry date will be.

Planned Start Date: ___________________ Planned Re-entry Date: ___________________

The above student is required to meet with the following offices to complete this form:

- Meeting with the Office of Academic Success
- Meeting with the Office of Career Advising

Section 4: REQUIRED DOCUMENTATION

Students must provide appropriate documentation based on the type of leave selected above. Students are required to meet with members of the administration as listed within the leave category. Any administrative person discussing stipulations, details, or implications of the requested leave of absence should document these discussions in detail in the comment boxes included in each section.

**Academic Leave of Absence - Research**

If an Academic LOA for Research is selected, the Academic Leave of Absence for Research Application must be completed and approved by the Advisory Committee for Student Research. Students should complete this application and send it to the Office of Student Affairs. When the Advisory Committee for Student Research approves, the student should complete the LOA Form and hand in both to the Office of Student Affairs.

**Military Leave of Absence, Academic Leave of Absence - Degree Granting Program or Externship**

If a Military LOA or Academic LOA for a Degree Granting Program or Externship is selected, students should submit an acceptance or employment letter from appropriate institution. Physical copies can be mailed to the Office of Student Records. Digital copies can be sent to SOMregistrar@hofstra.edu

**Personal Leave of Absence, Family Leave of Absence**

If a Personal LOA or Family LOA is selected, no additional documentation is required.

Section 5: MEETING WITH STUDENT FINANCE
Students requesting a leave of absence are required to meet with a member from the Office of Student Finance to discuss the financial implications of taking a leave. Students should request that a member from the Office of Student Finance sign the form at the end of the meeting. Topics covered during the meeting can include, but are not limited to the following:

- Loan repayment timeline
- Repayment of disbursement
- Cost of living expenses
- Personal budget
- Tuition responsibilities
- Financial implications to return from a leave of absence
- Eligibility for future financial aid
- Other: ______________________

______________________________  ____________
Signature of Office of Student Finance  Date

Section 6: ADDITIONAL REQUIRED MEETINGS

Based on initial conversations, the Associate Dean for Student Affairs may request that students meet with a representative from the Office of Academic Success and/or the Office of Career Advising. Students should request that members from either or both offices sign the form at the end of the meeting. Topics covered during the meeting can include, but are not limited to the following:

Office of Academic Success:
- Regular meetings with the Office of Academic Success during the leave
- Regular meetings with the Office of Academic Success upon re-entry from the leave
- Auditing a School of Medicine Course (indicate title/year)
- Standardized Prep Course
- Learning assessment
- Other: ______________________

Office of Career Advising:
- Regular meetings with the Office of Career Advising (Career or Departmental Advisor) during the leave
- Regular meetings with the Office of Career Advising (Career or Departmental Advisor) upon re-entry from the leave
- Careers in Medicine Assessments
- Other: ______________________

______________________________  ____________
Signature of Office of Academic Success  Date

______________________________  ____________
Signature of Office of Career Advising  Date
Section 7: CERTIFICATION FOR LEAVE

___ (1) I hereby attest that all 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 could request to take a
leave under another 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
and complete Part B – Intent to Return (sections 9 – 12);
___ (5) I understand that to request an extension, I will need to submit a new LOA application;
___ (6) I understand that upon re-matriculation, I will need to be in compliance with all school
requirements per the Office of Student Records;
___ (7) I understand that my leave will not start until these forms are completed and the Office of Student
Records has changed my status;
___ (8) I understand that the Associate Dean for Student Affairs may set forth conditions which must be
fulfilled prior to my re-entry to medical school.

_____________________________________________________________________
Student’s Signature Date

This request is not valid unless signed and dated by the student.

Section 8: LEAVE OF ABSENCE APPROVAL

During a final meeting, the Associate Dean for Student Affairs may require additional documents or make
recommendations for a student to meet prior to returning to medical school. Additional requirements will
be discussed with the student during the final meeting. These conditions can include, but are not limited
to the following:

Office of Student Affairs:
☑ Regular meetings with the Office of Student Affairs during the leave
☑ Regular meetings with the Office of Student Affairs upon re-entry from the leave
☑ Established care with a wellness entity (Student Counseling Services, Physical Resource
Network, Northwell Behavioral Health College Program, Personal provider)
☑ Remediation of a Professionalism Concern
☑ Fit for Duty Evaluation
☑ Other: ______________________

_____________________________________________________________________
Signature of Office of Student Affairs Date

Section 9: LEAVE OF ABSENCE APPROVAL

☑ Approved
☑ Denied

_____________________________________________________________________
Associate Dean of Student Affairs Date
This request is not valid unless signed and dated by the Associate Dean for Student Affairs. A copy will be provided to the student upon completion.

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

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**Part B - INTENT TO RETURN**

**Section 9: RETURNING STUDENT INFORMATION**

Returning status:  □ MS1  □ MS2  □ MS3  □ MS4  □ Other ________

Return Date: __________________________

**Section 10: STIPULATIONS FOR RETURN**

Select the type of leave indicated in section 2:

- Academic Leave of Absence  
  - Research  
  - Degree Granting Program  
  - Externship  
- Military Leave of Absence  
- Personal Leave of Absence  
- Family Leave of Absence

Based on the above option, please indicate all requirements (indicated in sections 1-9) of the student’s return were met OR there is an approved plan for re-entry. Use the comment box below to include details.

- Regular meetings with the Office of Academic Success during the leave  
- Regular meetings with the Office of Academic Success upon re-entry the leave  
- Auditing a School of Medicine Course (indicate title/year)  
- Standardized Prep Course  
- Learning assessment  
- Regular meetings with the Office of Career Advising (Career or Departmental Advisor) during the leave  
- Regular meetings with the Office of Career Advising (Career or Departmental Advisor) upon re-entry the leave  
- Careers in Medicine Assessments  
- Regular meetings with the Office of Student Affairs during the leave  
- Regular meetings with the Office of Student Affairs upon re-entry the leave  
- Established care with a wellness entity (Student Counseling Services, Physical Resource Network, Northwell Behavioral Health College Program, Personal provider)  
- Remediation of a Professionalism Concern  
- Fit for Duty Evaluation  
- Learning Specialist Evaluation  
- Student Finance Requirement: ____________________
Section 11: CERTIFICATION FOR RETURN

☐ (1) I hereby attest that all information provided on this application is accurate;
☐ (2) I understand the implications of reentering medical school after a leave of absence;
☐ (3) I understand that to request an extension, I will need to submit a new LOA application form;
☐ (4) I understand that upon re-matriculation, I will need to be in compliance with all school requirements;
☐ (5) I understand that my status will not change until these forms are completed and processed by the Office of Student Records.
☐ (6) I understand that my return will not be recognized until these forms are complete, holds are removed from my account, and the Office of Student Records has changed my status.
☐ (7) I understand that the Associate Dean for Student Affairs may set forth conditions which must be fulfilled prior to my re-entry to medical school.

_________________________________________________  
Student’s Signature  Date

This request is not valid unless signed and dated by the student.

Section 12: RETURN APPROVAL

☐ Approved  
☐ Denied

_________________________________________________  
Associate Dean of Student Affairs  Date

This request is not valid unless signed and dated by the Associate Dean for Student Affairs. A copy will be provided to the student upon completion.