



# Leave of Absence & Intent to Return Request Form: 2023-2024

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

Office of Student Affairs  
Office of Student Records  
500 Hofstra University  
Hempstead, NY 11549-5000  
email: [medicine.students@hofstra.edu](mailto:medicine.students@hofstra.edu)  
Email: [somregistrar@hofstra.edu](mailto:somregistrar@hofstra.edu)

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## Instructions:

Part A Leave of Absence Request: Please use this form to request a leave of absence (LOA). **You must fill out Section 1 and Section 2.** One of the following leaves may be requested and will be granted in accordance with the LOA policy: academic, personal, military, or medical.

If the leave request is approved, a student's Leave of Absence is effective when LOA paperwork is approved by the Associate Dean for Student Affairs. 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."

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.

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## Part A - LEAVE OF ABSENCE Section

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### 1: STUDENT INFORMATION

Year in school (current year):  MS1  MS2  MS3  MS4  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle initial

700 #: \_\_\_\_\_

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## 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.

- Academic Leave of Absence: If you are requesting an Academic LOA you MUST and follow and complete the instructions listed on pages 5 through 7. Your Academic LOA will not be approved unless this is submitted in a timely manner and reviewed and approved by the Research Advisory Committee.
  - Research
  - Degree Granting Program
  - Externship
- Military Leave of Absence
- Personal Leave of Absence
- Medical Leave of Absence

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## 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 as well. 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: \_\_\_\_\_

Last Reported Date of Attendance: \_\_\_\_\_

Comments by Associate Dean for Student Affairs:

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## 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 Records. When the Advisory Committee for Student Research approves, the student should complete the LOA Form and hand in both to the Office of Student Records.

### ***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](mailto:SOMregistrar@hofstra.edu)

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

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

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## Section 5: REQUIRED 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

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## Section 6: CERTIFICATION FOR LEAVE

Please initial each of the statements below:

- \_\_\_(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 my Academic LOA paperwork is not submitted by its deadline, I will be placed on a Personal LOA;
- \_\_\_(4) I understand that my Academic LOA will not be approved if the research project/experience has not been approved by the ACSR, but that I can request to take a leave under another category;
- \_\_\_(5) I understand that in December of my LOA year I will be added to the Listserv of the class I will join when I return from LOA. I will review communications from the School of Medicine during my leave;
- \_\_\_(6) 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);
- \_\_\_(7) I understand that to request an extension, I will need to submit a new LOA application;
- \_\_\_(8) I understand that upon re-entry, I will need to be in compliance with all school requirements per the Office of Student Records; \_\_\_(9) I understand that my leave will not start until these forms are completed and the Office of Student Records has changed my status;
- \_\_\_(10) 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.
- \_\_\_(11) For students who have not yet taken Step 1 (note N/A if not applicable): I understand that, if I have not done so yet, I will sit for the USMLE Step 1 Exam prior to the Transitions course and re-entry.

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Student's Signature

Date

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

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## Section 7: 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
- Regular meetings with the Office of Career Advising during the leave
- Regular meetings with the Office of Academic Success during 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: \_\_\_\_\_

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Associate Dean of Student Affairs

Date

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

## **Guidelines for Preparing a Request for a Research Year Leave of Absence**

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, you will maintain full-time enrollment status and your transcript will read “Independent Study of Medicine” for the academic year. This application is due at least eight to ten weeks prior to the start date for which you are requesting the leave. Independent Study of Medicine leaves will be approved for up to one year.

Requesting such a leave is a major decision for a medical student, and requires significant preparation in order for the student to get the most from the leave. The guidelines below provide an outline of the required information necessary for the Advisory Committee for Student Research to evaluate the proposal.

The application should be written in the format of a small grant application. Please follow instructions, use Times Roman 12 fonts, or a Calibri 12 font, and observe page limits. The final application, with all parts, should be submitted as a single PDF file.

1. **Leave of Absence Application** – the first page of the application.
2. **Abstract and Specific Aims** of the proposal (500 word maximum): The abstract and specific aims section is a succinct and accurate summary of your proposed study and should include the problem to be addressed, a brief description of its clinical and/or scientific significance, your Hypothesis (required), and a list of the studies planned to test the hypothesis (the Specific Aims). One or two aims are appropriate for a 1-year study. Any proposal submitted without a stated hypothesis will be returned without review.
3. **Background** (1 page maximum): Describe the problem you propose to address, its clinical and/or scientific significance, provide a brief review of published information that supports your hypothesis and proposed studies, and identify knowledge gaps that your study will address.
4. **Research Design** (2-3 pages): Describe the studies you propose to conduct to test your hypothesis and address each specific aim. Detailed methods are not necessary, but sufficient information must be provided to clearly explain the approach that will be used. Include how the studies will be done and the data will be collected, analyzed, and interpreted. Discuss expected results, and describe alternative approach(s) that might be required. Make clear what your role will be in the research (which of the studies will be done by you and which will be done by others in the laboratory or clinic). If a clinical study is proposed, a power calculation should be included to determine that sufficient patients will be available to achieve the goal of the study in the time available.
5. **References** (25 maximum): Provide the complete bibliography of the references in the Background section, including all authors, title, journal, volume, inclusive page numbers and publication date.
6. **Goals for Research Year** (500 words maximum): Describe the reason for requesting a research year leave of absence, what you personally hope to gain from it, and how you anticipate this research experience influencing your long-term career plans.
7. **Mentor’s statement** (1-2 page maximum): Attach a statement written by the research mentor that

addresses the following topics:

- a. Describe the relationship between the applicant's proposed research and the mentor's ongoing research program.
- b. The collaborative process between you and the student in the development and editing of this proposal.
- c. Briefly describe the resources available to the student for this project.
- d. Discuss your plans for mentoring the student to assure that the research year will support and enhance the career goals of the student.
- e. State whether the project has regulatory approval (ie: IRB) or where in the process the project is in obtaining approval or exemption.

8. Attach the **mentor's CV** or **NIH Biosketch**.



# Academic Leave of Absence for Research Proposal Form

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

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell  
Advisory Committee for Student Research  
500 Hofstra University  
Hempstead, NY 11549-5000  
email: joel.stern@hofstra.edu  
phone: 516.463.7378

**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. 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 Student Research Advisory Committee. Additionally, I will present my work to the Research Advisory Committee at the end of my year of research. The Student 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:

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.

Mentor Signature:  Date:

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## Part B - INTENT TO RETURN

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### Section 8: RETURNING STUDENT INFORMATION

Returning status:    MS1    MS2    MS3    MS4    Other \_\_\_\_\_

Return Date: \_\_\_\_\_

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### Section 9: 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
- Medical Leave of Absence

Based on the above option, please indicate all requirements (indicated in sections 1-7) 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
- 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)
- Careers in Medicine Assessments
- Regular meetings with the Office of Student Affairs
- 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: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:



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## Section 10: 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.

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Student's Signature

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Date

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

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## Section 11: RETURN APPROVAL

- Approved
- Denied

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Associate Dean of Student Affairs

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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.*