Baylor College of Medicine

# **Request For Leave of Absence-Overview**

(See <u>BCM Policy 23.1.12</u> for guidelines) Graduate School of Biomedical Sciences

# LOA Request Overview



LOA will not be approved until all steps have been completed in full. Allow a <u>minimum</u> of 5 business days to complete arrangements for LOA. Leaving BCM before all LOA procedures are complete may result in being placed on involuntary LOA and significant delays in return to academic program.

#### Part 1

First year students should list Tonya Routt (<u>Tonya.Routt@bcm.edu</u>; x8-7876) as their HR administrator. All other students should consult with your primary advisor to identify your HR administrator.

## Part 2: Types of Leave of Absence & Required Documentation (completed by student)

LOA Type	Examples
Academic	Supplemental coursework
Medical*	Health issue, wellness concerns
Personal	Illness/Death of family member, financial hardship
Professional Development	Internship, starting job before graduation

See <u>BCM Policy 23.1.12</u> for additional examples & information on supporting documentation.

\* Requires documentation from licensed treating medical professional. Contact Dean to determine where documentation should be submitted. Do not attach medical documentation to this form.

## Part 3: Academic Re-Entry Plans (Must be reviewed by graduate program & GSBS before signatures)

Plans must address each of the three following topics.

1. Assessment of current academic status. For example:

Current academic difficulties (coursework and/or research), if any Plans to change mentor/leave laboratory (if applicable) Pending requirements or other deadlines

2. Requirements to be satisfied prior to re-entry. For example:

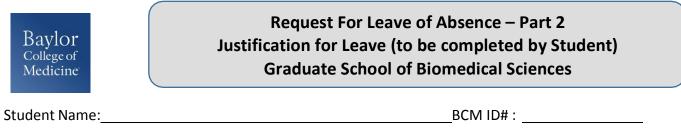
Notification of intent to return to school dean (carolyns@bcm.edu), if required. Notification of intent to return to program administrator and others (*e.g.* mentor, program director) Activities or assessments to be completed prior to return from LOA, if any (*e.g.* identification of rotation mentor) Identification of source of stipend/health insurance support (*e.g.* if not provided by a primary mentor)

3. Academic plan at re-entry & requirements to be satisfied. For example: Initiation of specific academic activities (*e.g.* specific course registration, start lab rotation) Timing of QE, if applicable Timeline for thesis defense and/or graduation, if applicable Submission/completion of academic work (*e.g.* manuscript or dissertation)

Baylor College of Medicine (Parts 1-4 mu	Request For Leave of Absence – Part 1 (Parts 1-4 must be completed in their entirety before LOA will be effective) Graduate School of Biomedical Sciences		
Student Name:		_BCM ID#:	
Graduate Program:		Are you MD/PhD 🗆 YES 🗖 NO	
Requested dates of leave:	to	_(One Year Maximum)	
Type of Leave:			
□ Academic □ Medica	al 🛛 🗆 Personal	Professional Development	
HR Administrator Name:	Email:	Phone #	
Student Contact Information:			
Current Address:	urrent Address:BCM Email:		
	Cell Ph	ione:	
Alternative Address:	Alterna	te Email (e.g.gmail):	
	Alterna	ate Phone:	

## My signature below signifies my understanding of the following:

- For any leave of absence that begins before the end of the term, Registration at the time of leave will be changed as follows:
  - Courses not completed will be dropped from your record.
  - A research grade for Research Rotations, Special Projects or Dissertation will be obtained from your current mentor, and credit hours calculated accordingly.
- I am required to monitor my BCM EmailAccount.
- I am required to contact my program administrator 30 days prior to my return to graduate school.
- I must abide by the academic plan and re-entry requirements specified on the Re-EntryPlan.
- If I do not register for coursework (and/or a research course) within one week following the end of my approved LOA, I will be administratively withdrawn from Graduate School unless a leave extension has been requested and approved.
- I understand that this LOA will not become effective until all parts of the request (parts 1-4) have been completed in full, and that I am responsible for submission of the completed form to GSBS.
- I understand that leaving BCM before all LOA procedures are complete may result in being placed on involuntary LOA and delay in resumption of academic studies.



Requested dates of leave:	to	(One Year Maximum)
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Select the LOA category and provide a justification (see overview for additional information). Please enter justification in the box below or attach on a separate sheet and sign.

□ Academic	□ Medical (Do not attach medical documentation to thisform)
Personal	Professional Development

Baylor
College of
Medicine

# Request For Leave of Absence – Part 3 Academic and Re-Entry Plans (completed by Graduate Program) Graduate School of Biomedical Sciences

Student Name:	BCM ID# :

Requested dates of leave:	to_	(1 Yr Maximur	n) US Citizen 🛛 Yes 🗆 No
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**Plan for Student Re-Entry:** To be developed by Graduate Program in consultation with Student, Major Advisor and GSBS. Outline below or attach a signed plan. See the LOA Overview for topics that must be addressed.

STUDENT:	Signature	Date	Printed Name
MAJOR ADVISOR:			
MAJORADVISOR.	Signature	Date	Printed Name
PROGRAM DIRECTOR:			
	Signature	Date	Printed Name
GSBS DEAN:			
	Signature	Date	Printed Name
		•	we been obtained and entire completed form
••	-		ving BCM before all LOA procedures are d significant delays in return to academic
prograi	, ,	voluntary LOA and	a significant delays in return to academic

# Request For Leave of Absence – Part 4- Clearances Graduate School of Biomedical Sciences

dent Name:BCM ID#:			
FOR GRADUATE SCHOOL USE C	DNLY:		
APPROVED DATES OF LEAVE:	to	(One Year Maximum)	
The Request for Leave of Abs student may now proceed w		ewed and approved by the Graduate School and the	
Signature	Date	Printed Name	

## SIGNATURES BELOW INDICATE DESIGNATED RESPONSIBILITIES HAVE BEEN MET

SIGNATURES <u>MUST</u> BE OBTAINED IN THIS ORDER	Signature	Date
Benefits (student med insurance) 713-798-1500		
ask-studentinsurance@bcm.edu		
During my LOA, I wish to CONTINUE or DISCONTINUE my student medical insurance. I understand that if I opt to continue my insurance I must		
complete a Student Continuation of Insurance while on Leave of Absence		
form with the Benefits office upon checkout. I also understand that my first		
payment for premium is due to the Benefits office within 31 days of my leave date.		
International Services Office – O'Quinn Medical Tower,		
6624 Fannin, Suite 1800		
Required for non-U.S. citizens including U.S. permanent residents		
Student Financial Aid - N104 (713) 798-4603,		
financialaid@bcm.edu Monday – Friday 8:00am-5:00pm		
□ Federal Loan Exit Counseling <u>www.studentloans.gov</u>		
Student Account Services – O'QUINN TOWER		
Email form to <u>sas@bcm.edu</u> for signature		
□ BCM Loan Exit Counseling □Account Paid in Full		
Security – BCM 108H		
ID badge turned in here.		
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IMPORTANT: This LOA is not effective until all signatures have been obtained and entire completed form (parts 1-4) have been returned to the Graduate School. Leaving BCM before all LOA procedures are complete may result in being placed on involuntary LOA and significant delays in return to academic program.