



SOM Student Change in Status Request

See [Student Leave of Absence Policy 23.1.12](#) for conditions and definitions.

Procedure:

1. Student Affairs Dean and student complete **Sections A through C** of this form and signs the **attached Student Plan for Re-entry**. If the student is not available to sign, the process may proceed upon recommendation of Student Affairs.
2. Dean or Designee reviews and signs to accept or deny in **Section D**.
3. For students who are in a **BCM Dual Degree Program**, form is sent for review/signature to Program Director.
4. Student Affairs administrator updates Change of Student Status and the Registrar updates CAMS.

Procedure to return to enrollment

1. Student/Program Coordinator provides notice to Student Affairs administrator and schedules an appointment with a Student Affairs Dean **three months prior** to the anticipated return.
2. Student and Dean or Designee sign **Section F** to initiate re-enrollment.
3. A few days prior to return, Student Affairs Administrator updates Change of Student Status and the Registrar updates CAMS.

A. Student Information			
Name:			BCM ID #:
Local mailing address:	City:	State:	Zip code:
Address while on LOA (if different from above):	City:	State:	Zip code:
Academic Program: MD Only MD/PHD MD/MPH MD/JD MD/MBA			
Non-BCM Email address:		Back-up contact person if student cannot be reached:	
Telephone Number:		Name:	
		Relation to student:	
		Best phone number to reach:	
B. Leave Requested			
<input type="checkbox"/> Voluntary BCM dual degree <i>(MBA, MSTP)</i> MRP		Reason for the request/activities planned:	
Effective date of change:		Attached supporting documentation:	
Proposed return date/degree completion:		Original graduation date:	
		Proposed graduation date:	

C. Student Agreement (required for voluntary LOA)

If leave is approved, I understand and agree to the following:

- I am required to monitor my BCM Email Account and to respond to communications regarding my student status.
- I consent to have Student Affairs personnel contact my back-up listed above to reach me regarding this status change, if I don't respond to email or telephone messages/calls.
- By the deadline noted in my *Plan for Student Reentry*, I am required to send notice to the Student Affairs administrator, via the program director, affirming that I will return as agreed in the Plan or any change in plans that will affect return date..
- Depending on the length of my absence, I understand and agree that I may be required to abide by different graduation requirements and tuition and fee schedules that apply upon my return.
- If my leave begins before the end of a term, courses I have not completed will be dropped from my record.

Student Signature:

Date:

D. Status Change Recommendation

Status Change Decision: Approved Denied Student's change start date:

Student Affairs Comments:

Student Affairs Dean Signature:

Date:

E. Dual Degree Program Review

Program

Program Director's/Assignee Signature

Date

F. Office of the Registrar Review

Remaining Degree Requirements:

D/I Grades:

CPX:

USMLE Steps:

G. Re-instatement of Enrollment

The undersigned agree that conditions for re-enrollment have been met and the student is eligible to return to active student status with all the rights and privileges thereof, effective (date): _____.

Dean or Designee: _____ Date: _____

Student Plan for Reentry

Change of Status **ONLY**

I agree to meet each of the following conditions for my Change of Status as discussed with a Student Affairs Dean.

1. Date for Notice of Intent to Return from change of status. I am required to provide advance notice to Student Affairs Administrator by this date (3 months) before my intended return date: _____
2. Other: _____

Signature: _____

Date: _____

Student Plan for Reentry

1. Date for Notice of Intent to Return from change of status. I am required to provide advance notice to Student Affairs Administrator by this date (3 months) before my intended return date: _____
2. Access to BCM facilities and resources. I understand that I may not have right of free access to the BCM campus or facilities owned or operated by BCM while change of status is in effect, and I may be subject to the same restrictions as members of the general public
3. Re-enrollment at the end of dual degree program. As per [Student LOA Policy 23.1.12](#), I understand that I must return to full-time status at the end of my dual degree program. Because I am not withdrawing or being dismissed, I do not need to reapply for admission at the end of the approved time period. Once I have met each condition of this Reentry Plan, related Learning Agreement, or modification or condition above, I am eligible for reinstatement; if I fail to meet conditions for readmission at the end of an approved Academic or Medical change of status, I will be dismissed from my school and program.
4. Wellness Intervention Team. If my change is an involuntary Medical requirement, I will abide by the procedures of the Wellness Intervention Team (WIT). If otherwise referred to the WIT, I will consider the team's assistance in facilitating the process of my re-entry to the College and to my program.
5. Additional considerations may be written into this plan below as they apply. While not exhaustive, they include:
 - a. Academic status upon return (e.g., Warning or Probation, duration, conditions for release)
 - b. Academic conditions required to remain in good standing
 - c. Conditions of a Learning Agreement provided by my Program Director
 - d. Conditions that will make me eligible for dismissal from the program or will require my dismissal

Additional considerations discussed with Student Affairs Dean as conditions for my status change:

Student: _____ Date: _____

The undersigned agree that the student may re-enroll in the program upon demonstration of compliance with the conditions and agreements described herein.

Dean or Designee: _____ Date: _____