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

<table>
<thead>
<tr>
<th>Name:</th>
<th>BCM ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local mailing address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip code:</td>
<td></td>
</tr>
<tr>
<td>Address while on LOA (if different from above):</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip code:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Program:</th>
<th>MD Only</th>
<th>MD/PHD</th>
<th>MD/MPH</th>
<th>MD/JD</th>
<th>MD/MBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-BCM Email address:</td>
<td>Back-up contact person if student cannot be reached:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Relation to student:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Best phone number to reach:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Leave Requested

<table>
<thead>
<tr>
<th>Voluntary</th>
<th>Reason for the request/activities planned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCM dual degree (MBA, MSTP)</td>
<td>Attached supporting documentation:</td>
</tr>
</tbody>
</table>

Effective date of change:

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:                                                                                                                    USMLE Steps:

CPX:

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: ______________

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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:**

   ____________________________________________________________ Date: ______________

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: ______________