



SOM Student Leave of Absence 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 participants in a **BCM Dual Degree**, form is sent for review/signature to Program Director.
4. Student Affairs administrator updates Change of Student Status gives student the **Student Clearance Process** form, and the Registrar updates CAMS.
5. Student obtains required signatures from administrative offices at BCM (Financial Aid, Student Account Services, and Benefits) as designated on the **Student Clearance Process** form and returns it to Student Affairs administrator.
6. Student Affairs administrator provides copy of **Student Clearance Process** form to the Office of the Registrar to initiate the LOA.

Procedure to return to enrollment

1. Student 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. Wellness Intervention Team (WIT) assists with medical LOAs as described by the LOA Policy.
4. A week 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:	City:	State:	Zip code:
Academic Program:	MD Only	MD/PHD	MD/MPH MD/JD MD/MBA
Email address:	Back-up contact person if student cannot be reached: Name: _____		
Telephone Number:	Relation to student: _____ Best phone number to reach: _____		
B. Leave Requested			
	Voluntary or	Involuntary	Reason for the request/activities planned:
Medical	BCM dual degree (MPH or JD)	Prof Dev/Career	Attached supporting documentation: _____
Personal	Non-BCM dual degree		
Research	Administrative (repeating courses)		

Effective date of change:	Original graduation date:
Agreed return date (one year maximum for LOA):	Proposed graduation date:
C. Student Agreement (required for voluntary LOA)	
<p>If leave is approved, I understand and agree to the following:</p> <ul style="list-style-type: none"> • If taking an LOA, I am required to abide by the conditions of the Student Leave of Absence Policy. • 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 LOA. • By the deadline noted in my <i>Plan for Student Reentry</i>, I am required to send notice to the Student Affairs administrator affirming that I will return as agreed in the Plan. • 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. <p>Student Signature: _____ Date: _____</p>	
D. Status Change Recommendation	
Status Change Decision: Approved Denied Student's last date of attendance:	
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:
<p>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): _____.</p> <p>Dean or Designee: _____ Date: _____</p>	

Student Plan for Reentry Leave of Absence

1. Date for Notice of Intent to Return from change of status/LOA. 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 on LOA, and I may be subject to the same restrictions as members of the general public
3. Re-enrollment at the end of LOA. As per [Student LOA Policy 23.1.12](#), I understand that I must return to full-time status at the end of my LOA. Because I am not withdrawing or being dismissed, I do not need to reapply for admission at the end of the approved LOA. 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 LOA, I will be dismissed from my school and program.
4. Wellness Intervention Team. If my LOA is an involuntary Medical LOA, 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 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 LOA:

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: _____