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

<table>
<thead>
<tr>
<th>Name:</th>
<th>BCM ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local mailing address:</td>
<td>City:</td>
</tr>
<tr>
<td>Address while on LOA:</td>
<td>City:</td>
</tr>
<tr>
<td>Academic Program:</td>
<td>MD Only</td>
</tr>
<tr>
<td>Email address:</td>
<td>Back-up contact person if student cannot be reached: Name:</td>
</tr>
</tbody>
</table>

B. Leave Requested

<table>
<thead>
<tr>
<th>Voluntary or Involuntary</th>
<th>Reason for the request/activities planned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical BCM dual degree</td>
<td></td>
</tr>
<tr>
<td>(MPH or JD)</td>
<td></td>
</tr>
<tr>
<td>Personal Non-BCM dual degree</td>
<td></td>
</tr>
<tr>
<td>Research Administrative</td>
<td>Attached supporting documentation:___</td>
</tr>
<tr>
<td>(repeating courses)</td>
<td></td>
</tr>
</tbody>
</table>
C. **Student Agreement (required for voluntary LOA)**

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

- **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 *Plan for Student Reentry*, 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.

Student Signature: ______________________________________________________ Date: ______________

D. **Status Change Recommendation**

<table>
<thead>
<tr>
<th>Status Change Decision:</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s last date of attendance:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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
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

<table>
<thead>
<tr>
<th>Additional considerations discussed with Student Affairs Dean as conditions for my LOA:</th>
</tr>
</thead>
</table>

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: __________