

**THE UNIVERSITY OF UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE
LEAVE OF ABSENCE REQUEST FORM FOR PERSONAL AND MEDICAL LEAVE**

I, _____ (name), am requesting a leave of absence from the University of South Alabama College of Medicine (USACOM). I understand my requested leave must be submitted to and approved by the Leave of Absence subcommittee of the Student Promotions and Evaluation Committee. My requested leave is submitted to said subcommittee by the Associate Dean for Student Affairs and the SPEC chair. I am requesting my leave begin on _____, 20____, and terminate on _____, 20____, or earlier if I am released by a healthcare provider (if my request leave is based upon my own physical or mental illness, injury or disability). I understand that the termination date for my leave must coincide with the academic cycle within which I will be returning. If my requested leave is of a personal nature, I understand that the termination date must be on or before a period of one calendar year has elapsed.

Check which of the following applies:

_____ Medical leave: My requested leave is based upon my own physical or mental illness, injury or disability. I understand in making this request and in order to return to the USA COM, I must submit documentation from a licensed healthcare provider verifying my inclusive dates of illness and my readiness/fitness to return to full time coursework/duties at the USA COM on the aforementioned date.

_____ Personal leave: My requested leave of absence is due to circumstances of a personal nature which can include but are not limited to leave due to family circumstances, military leave, and/or leave to pursue research. I understand in making a request of this nature, I have provided the LOA Subcommittee with the following information: reason for request, length of time for the requested leave, and if necessary circumstances surrounding reintegration to the COM.

For a personal leave, I understand that if requested of me, I may need to supply supporting documentation which may include but is not limited to any of the following: an invitation to participate in an internship, externship, research-related endeavor or fellowship; a statement from a health care provider related to my need to care for another person; a statement from the military requiring my attendance.

Financial Aid: If I am a Title IV recipient, I understand that I am required to meet with the Associate Director of Financial Aid and will be required to sign the Financial Aid Leave of Absence document.

If approved, prior to my leave beginning, I will return my fob and my campus/hospital issued identification badge(s) to the Senior Associate Registrar, USA COM. I also understand that during my leave, since I will not be actively enrolled in the USA COM, I will not carry professional liability insurance and therefore cannot identify myself as a USA COM student, wear my student physician white coat or participate in Career Exploration.

I understand that leaves of absence for any nature are recorded on my official academic transcript and the Medical Student Performance Evaluation. I also understand that a leave of absence will count against the total year limitation for completion of the M.D. Degree which is seven years for students who matriculated prior to 2022 and six years for students who matriculated after 2022.

Signature _____
Student Name and J Number

Date _____

Signature _____
Associate Dean for Student Affairs

Date _____

My signature on this form indicates that I have reviewed this document with the Associate Dean of Student Affairs, have been provided a copy, and note that the original will be housed in my permanent record.