

Instructions:

1. Meet with an Advisor in the Office of Academic & Career Advising to discuss your intent to take a leave of absence.
 - a. The Advisor will instruct you to complete this form and request that you attach a letter (length of letter is not important) including specific details explaining the purpose for your request.
 - b. The Advisor will submit this request form and your letter of explanation to: com.osteomedreg@msu.edu.
2. If receiving Financial Aid, contact the Financial Aid Office (OFAMED@msu.edu or 517-353-2401) to discuss the impact a leave will have (e.g. current loans, additional semester(s) of tuition charges, etc.) on your financial health.
3. If receiving the student health insurance, contact the Student Insurance Office (SolutionsCenter@hr.msu.edu or 517-353-4434) to discuss the impact a leave will have on your coverage.
4. Before approval is granted you may be required to provide additional documentation to support your request.

NOTE: Approval of a leave of absence will not supersede a student’s academic standing as determined by the COSE. Required courses completed prior to an approved leave of absence will be included in that semester’s determination. The duration of the leave of absence will be counted toward the maximum time for completion of degree requirements as defined in the student handbook.

Student Information: Please PRINT

Student Name: _____ Phone: (____) ____ - _____
 Class Year: _____ Preclerkship Site or Clerkship Base Hospital: _____
 Specific Date or Semester Leave is to begin: _____ Email: _____
 Duration of Leave: _____

Is this request an extension to an existing leave of absence? Yes No

During your tenure at MSUCOM have you previously been approved for a leave? Yes No

Reason for this Leave Request – check all that apply

- Personal (financial, health, family, military, etc.) Academic Enrichment (research/study another degree)
 Failure to take or pass COMLEX (per COM policy) Poor Academic Performance/Remediation

Signature: _____ Date: _____

Office of Academic & Career Advising Review:

I have discussed the academic and/or career impact an approved leave may have on this student. I support / I do not support approval of this leave of absence request. Attached is my evaluation necessary for committee decision.

Advisor Signature: _____ Date: _____

MSUCOM Leave of Absence Committee Review:

The above noted student’s request for a leave of absence has been: Approved Denied

Leave is to begin on ___/___/___ (Semester ____). Student will return on ___/___/___ (Semester ____), joining the class of _____. Student must notify Enrollment Services & Student Records (ESSR), in writing, no less than 60 days prior to return to ensure enrollment (com.osteomedreg@msu.edu).

MSUCOM Authorized Signature: _____ Date: _____