

**Leave of Absence Policy for Medical Students**  
**Revised February 16, 2001**  
***Effective February 16, 2001***

**I. Purpose**

This policy is implemented in order to assure appropriate evaluation and adequate monitoring of students requesting or being placed on a Leave of Absence.

**II. Policy**

- A. No Leave of Absence may be requested in Unit 1 through 6 for other than personal, educational or health reasons.
- B. Students requesting or being placed on a Leave of Absence will be required to abide by the procedures set forth under this policy.

**III. Definition**

A Leave of Absence is defined as any period of time in which a student is not registered for medical school courses and, by this action, may delay his/her expected advancement to the next year and/or expected date of graduation.

**IV. Granting/Approval Authority**

Each request for a Leave of Absence must be submitted in writing and will be reviewed on an individual basis. It must have the approval of the Associate Dean in the Office of Student Affairs and the Director of the Office of Medical Education, or if the student is in academic difficulty, approval must be granted by the Dean after review and recommendation from the Student Standing and Promotion Committee.

**V. Procedure**

- A. Any student who desires a Leave of Absence must submit his/her request in writing, stating the following:
  - 1. Dates and duration of the Leave of Absence;
  - 2. Reason(s) for the request; and
  - 3. Expected change in graduation date (see attached form).
- B. The student must meet with the Associate Dean in the Office of Student Affairs or his/her designee to review the request.

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- C. In addition, if the student is in academic difficulty, he/she must appear before the Student Standing and Promotion Committee as set forth under the Policy.
  
- D. If the request is granted, the student is responsible for the following:
  - 1. Processing a UHM withdrawal form if necessary;
  - 2. Notifying instructor(s) if dropping any course(s);
  - 3. Leaving a current address and phone number where he/she can be reached while on the Leave of Absence;
  - 4. Completing the "Leave of Absence Agreement" with the Associate Dean, Office of Student Affairs; and
  - 5. Notifying Financial Aid Services if he/she is receiving any financial aid.
  
- E. While on and returning from a Leave of Absence:
  - 1. The student is responsible for and must abide by any conditions set forth under the Leave of Absence Agreement, which will be kept in his/her file;
  - 2. If the student left while in academic difficulty, he/she must also fulfill any requirements set forth by the Dean and Student Standing and Promotion Committee;
  - 3. The student is responsible for observing any registration deadline in anticipation of his/her re-enrollment date; and
  - 4. Arrangements should be made with the Associate Dean in the Office of Student Affairs to meet at least one month prior to re-enrolling to insure that all terms of the Leave of Absence Agreement have been met.
  
- F. The Office of Student Affairs will be responsible for the following:
  - 1. Initiating the Student Standing and Promotion Committee appearance when appropriate;
  - 2. Notifying all departments of the student's status, i.e., "on Leave of Absence";
  - 3. Monitoring the student's status as indicated while on the Leave of Absence; and
  - 4. Formulating a modified curriculum when necessary.

Attachments: Leave of Absence Request Form  
Leave of Absence Agreement Form

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Reviewed & Approved by the Executive Committee: 09/25/87  
Revised & Approved by the Executive committee: 04/12/96  
Revised by MD Program Committee: 03/19/99  
Reviewed & Approved by the Executive Committee: 05/14/99  
Reviewed & Approved by the Executive Committee: 02/16/01

Accepted by the Dean: Edwin C. Cadman 2/16/01  
Edwin C. Cadman, M.D. Date

John A. Burns School of Medicine  
Leave of Absence Policy

**LEAVE OF ABSENCE REQUEST FORM**

TO: Director  
Office of Student Affairs

I, \_\_\_\_\_, hereby request a leave of absence effective \_\_\_\_\_ for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I anticipate returning by/on \_\_\_\_\_ and am aware that my anticipated date of graduation may be delayed to \_\_\_\_\_.

I have also been advised that the limited number of clerkship slots available in Unit 6 may affect my third year schedule and result in further delay of my projected graduation date.

I will also be responsible for notifying the appropriate faculty if I am withdrawing from any courses and contacting the Office of Student Affairs in anticipation of registering for courses upon my return.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
Date

**APPROVED:**

Reviewed by SSPC/Approved by Dean \_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Ann Antonelli, MD  
Director  
Office of Student Affairs

Date

\_\_\_\_\_  
Richard T. Kasuya, MD, MSED  
Director  
Office of Medical Education

Date

**LEAVE OF ABSENCE AGREEMENT**

Name: \_\_\_\_\_

Leave of Absence Period: \_\_\_\_\_ to \_\_\_\_\_

Current Enrolled:  Yes  No

Student Standing and Promotion Committee Report:  Yes  No

Office of Student Affairs Advising Date(s): \_\_\_\_\_

Previous Anticipated Graduation Date: \_\_\_\_\_ Modified Date: \_\_\_\_\_

Conditions of Leave of Absence:

Pre-Enrollment Meeting Date: \_\_\_\_\_

By signing this agreement the student agrees to abide by the above conditions and policies and procedures as set forth.

\_\_\_\_\_  
*Student's Signature* Date

\_\_\_\_\_  
Richard T. Kasuya, MD, MEd Date  
Director, Office of Medical Education

\_\_\_\_\_  
Mary Ann Antonelli, MD Date  
Director, Office of Student Affairs

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For OSA Use Only:

- Notification:  OSA Staff
- Departments
- Financial Aids Services
- Cashier's Office
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

- For Micronesian Students Only:
- Government/FA Office
- International Student Office