

John A. Burns School of
Medicine University of Hawai'i

**Long-Term Leave of Absence Policy for Medical
Students Revised March 10, 2022**
Effective March 18, 2022

I. **Purpose**

This policy is implemented in order to assure appropriate evaluation and adequate monitoring of students requesting or being placed on a long-term Leave of Absence. There are separate processes and forms for short-periods of excused absences while the student remains registered and enrolled in the program.

II. **Policy**

- A. No Leave of Absence may be requested in any year of medical school 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 enrolled, but is not registered for any JABSOM course and, by this action, may delay his/her expected advancement to the next year and/or expected date of graduation.
- B. Modified leave of absences may be arranged depending on individual circumstances. In a modified leave of absence, the student may be registered as a part-time student.

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 Director, Office of Student Affairs (OSA) and the Director, Office of Medical Education (OME).

V. **Procedure**

- A. Any student who desires a Leave of Absence must submit his/her request in writing, stating the following:
 - Dates and duration of the Leave of Absence;
 - Reason(s) for the request; and

- Expected change in graduation date (see attached form).

B. The student must meet with the Director, Office of Student Affairs or his/her designee to review the request. The student will work with the Office of Student Affairs and the Office of Medical Education to determine if they need to appear before any committees prior to their leave being granted. 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 "Medical Student Change in Status" form with the Financial Aid Officer/OSA, and Directors, OSA and OME;
5. Notifying Financial Aid Officer/OSA if receiving any financial aid;
6. Repay any financial aid of prior payments as determined by Financial Aid Officer/OSA;
7. Complete any outstanding payments and fines to UH Manoa (See UH Manoa Tuition Fees, & Payment, <https://manoa.hawaii.edu/catalog/tuition-fees-expenses/>);
8. If student utilizes UHM student health for personal health insurance, transfer to another plan;
9. Maintain malpractice and disability insurance through OSA.

C. 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 Medical Student Change in Status form, 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 the Evaluation Remediation and Review Committee (ERRC) and the Student Standing and Promotion Committee (SSPC);
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 Director, Office of Student Affairs to meet at least one month prior to re-enrolling to ensure that all terms of the Medical Student Change in Status form have been met.

D. The Office of Student Affairs will be responsible for the following:

1. Determining with the student if appearance before SSPC is needed;
2. Work with OME and ERRC to determine if additional requirements and/or a modified curriculum would be needed while the student is enrolled but not registered (i.e., on a remediation curriculum that requires repeat of courses) or upon the student's return;
3. Notifying all departments of the student's status, i.e., "on Leave of

Absence";

4. Monitoring the student's status as indicated while on the Leave of Absence

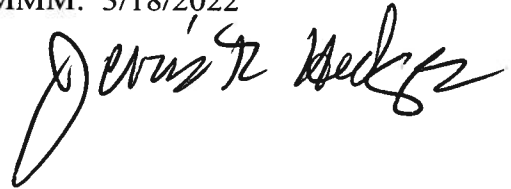
Attachments: Leave of Absence Request Form

Medical Student Change in Status Form

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Reviewed & Approved by the Curriculum Committee: 3/11/2022

Reviewed and Approved by the Executive Committee: 3/18/2022

Accepted by the Dean Jerris Hedges, MD, MS, MMM: 3/18/2022

A handwritten signature in black ink, appearing to read "Jerris Hedges". The signature is written in a cursive style with a large initial "J" and "H".

University of Hawai'i
John A. Burns School of Medicine
Leave of Absence Policy

LEAVE OF ABSENCE REQUEST FORM

TO: Directors
Office of Student Affairs
Office of Medical Education

I, _____, hereby request 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 may affect my
third-year and fourth-year schedules 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:

Lawrence Burgess, MD Date
Director, Office of Student Affairs

Jill Omori, MD Date
Director, Office of Medical Education



University of Hawai'i
John A. Burns School of Medicine
Office of Student Affairs

MEDICAL STUDENT CHANGE IN STATUS

Clear All Fields

STUDENT INFORMATION

Student's Name: _____ MS - _____ Date: _____
Financial Aid recipient? Yes No

ACTION

Status: _____
Status Effective Date: _____
Expected Graduation Date: _____
For Adjusted/Decelerated Schedule: Enrollment Status: _____ # Cr Hrs. Registered: Fall: _____ Spring: _____

REASON

Reason for Action: _____
Comments:

CONDITIONS:

APPROVAL REQUIRED

Yes No
If yes, date approved by SSPC: _____ and/or Dean: _____

CERTIFICATION

By signing, I agree with the conditions and policies related to the Leave of Absence or Adjustment of my course schedule.

Student Signature _____ Date: _____

Financial Aid Officer _____ Date _____

Director, Office of Medical Education _____ Date _____

Director, Office of Student Affairs _____ Date _____

OSA use only