

LEAVE OF ABSENCE REQUEST

Student Name: _____

ID#: _____

Phase: _____

Date: _____

Student must complete each section.
I. Leave Request

Start date: _____

End date: _____

All leave counts towards the 6 year rule. For record keeping purposes only, please select the type of leave:

- Academic
 Personal/Medical
 Scholarly enrichment: _____

Will this LOA result in a deceleration to a different class?

- No Yes – New class year: _____ Expected graduation date: _____

II. LOA Policies and Procedures

Carefully read and review the policies and procedures pertinent to the privilege of a leave. Please be certain that you understand the conditions explained below and acknowledge that you have read each item by checking the box next to it and signing below. Please note: The University of New Mexico School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements or services listed here as it deems necessary, with the changes applicable to all students in attendance at the School of Medicine.

<input type="checkbox"/> Graduation – Granting a LOA may cause a delay in graduation. If the LOA delays graduation the student will be held to the promotion, graduation requirements, and all handbook policies of their new graduation class.
<input type="checkbox"/> 6-Year Rule – UNM SOM Policy states that students have 6 years to complete medical school. All leave counts towards the 6 year rule.
<input type="checkbox"/> Phase I - Rescheduling of missed academic activities – The course director, in consultation with CSPE and the Office of Medical Student Affairs, will determine if the requested absence will result in an Incomplete grade or no grade given.
<input type="checkbox"/> Phase II & III - Rescheduling of rotation(s) – The Office of Medical Student Affairs, in consultation with the clerkship directors and CSPE, will schedule the missed clerkships in any available clerkship time block and not necessarily the first or second block during the next academic year. The missed clerkship will be rescheduled so that no clerkship is overloaded, as this compromises the educational experience for all students. Rising Phase II students will have priority in scheduling Phase II clerkships, not students who have been granted a LOA.
<input type="checkbox"/> Promotion – Students granted a LOA will not be promoted until all requirements of the current phase have been completed. Eligibility to take courses prior to promotion must be approved by CSPE. Sub-Internships, ICUs and Preceptorships may not be taken until all Phase II clerkships have been completed. A delay in scheduling Sub-I and ICU rotations may compromise the ability to obtain appropriate letters of recommendation needed to apply for residency programs.

<input type="checkbox"/>	Grading of delayed blocks – Students will be evaluated by the grading criteria in effect when the delayed clerkship or rotation is rescheduled. That is, if grading criteria change while the clerkship is floated, the new or current grading standards will be used.
<input type="checkbox"/>	Clinical Skills Performance Examinations – Students granted a LOA may be required to take the Phase II Performance Examinations out of sequence. Starting Phase III could be delayed due to scheduling of the required performance examination(s) associated with the delayed block(s).
<input type="checkbox"/>	Board review course – Students granted a LOA may have difficulty scheduling a board review course due to potential conflict between the review course dates and the new block dates.
<input type="checkbox"/>	Needlestick and Disability Insurance – Students granted a LOA must maintain both insurance policies throughout the duration of the LOA even if the LOA does not involve clinical activity.
<input type="checkbox"/>	Time off for residency interviews – Leaves may impact on time off for residency interviews as it reduces the number of free months in Phase III.
<input type="checkbox"/>	Financial Aid – If you are a financial aid recipient, you must meet with the Financial Aid Supervisor in BMSB 147 to discuss how your leave of absence may affect your current financial aid awards and charges, the repayment status of your loans, and to plan for the timely disbursement of financial aid upon your return to the curriculum.

III. Leave Request Narrative:

Leave Requests are reviewed by OMSA and CSPE. Along with this form, please submit a detailed narrative/letter describing the reasons/situations/etc. as to why you are requesting this leave. Include all pertinent information.

I have read and understand the policies, procedures and conditions pertinent to the privilege of taking a leave of absence, and agree to be subject to them. Please accept my request to take a leave of absence.

_____ Date
Student Signature

OMSA Review:	Date reviewed: _____	6-Year Date: _____	
Comments: _____			
Approved:	Yes	No	Reviewed by: _____
Sent to CSPE:	Yes	No	
CSPE Review:	Date reviewed: _____		
Comments: _____			
Approved:	Yes	No	Reviewed by: _____