

**Policy Title:** Leave of Absence

**Policy Number** (relate to LCME Element as applicable): UCF COM Policy 9.9.4

**Applies to:** All medical students at the University of Central Florida College of Medicine (UCF COM).

**Date:** 5/1/2017

**1.0 Purpose:**

This policy relates to LCME Element 9.9 which states that: “medical education program has a single standard for the advancement and graduation of medical students across all locations.”

**2.0 Policy Statement:**

The purpose of this policy is to define fair and consistent criteria for advancement of medical students, including leave of absence.

**1. Leave of Absence**

Students who are unable to continue enrollment or complete required instructional modules or clerkships due to illness, maternity leave of absence, hardship or special circumstances must immediately contact the Office of Student Affairs of the College of Medicine. A student requesting a leave of absence must submit a Leave of Absence Request Form (Appendix A), outlining the reasons for the request and timetable for return, to the associate dean for students.

The associate dean for students may approve a leave of absence for up to one calendar year. Any incomplete course work must be completed by the time specified in the associate dean’s letter to the student sent by the associate dean for students. Leaves requested for a longer period are approved only in exceptional circumstances. Extension requests must be made in writing to the Student Evaluation and Promotion Committee before the expiration of the original leave of absence. Students should be aware that for purposes of deferring repayment of student loans during a school-approved leave of absence, federal regulations limit the leave to six months.

Students who are not enrolled are prohibited from taking part in the College of Medicine's formal educational programs, including classroom, laboratory, or clinical work.

**2. Approval of Leave of Absence**

- I. The associate dean for students of the College of Medicine, or, in his/her absence, the associate dean for faculty and academic affairs, may place a student on a voluntary or involuntary leave of absence for good reason at the associate dean’s discretion. If a student disagrees with such action, he or she may ask the SEPC for a review which shall be conducted through the SEPC appeal process.
- II. A student in good academic standing without deficiencies may request of the associate dean for students a leave of absence for a fixed period of time to conduct research or other scholarly activity.

- III. A student in good academic standing without deficiencies may request of the associate dean for students a leave of absence for a fixed period of time as a result of a health problem or other personal circumstances that prevent concentration on academics.
- IV. If, in the opinion of the SEPC, a student who is experiencing problems is deemed to be capable of completing the M.D. degree requirements within the established time limits, the Committee may recommend that the student be placed on a leave of absence. This recommendation will be explained to the student. If a student accepts the recommendation, it will be implemented. If a student disagrees with the recommendation, he or she may appeal the decision through the established SEPC Appeal Process.

### **3. Petition for Re-admission Following Leave of Absence**

- I. Students on approved College of Medicine leave of absence must notify the Office of Student Affairs of the College of Medicine in writing of his/her intent to re-enroll, via the Re-enrollment Request Form (Appendix B), at least three months prior to the date they wish to return to medical studies. For leaves of absence of less than six months' duration, this notification must be at least six weeks prior to the date they wish to return to medical studies.
- II. Students who are on a leave of absence specified by the SEPC must fulfill all requirements outlined in their letter from the SEPC prior to returning to medical studies.
- III. Students placed on leave of absence for an unspecified time period may maintain such status for a maximum of one year.
- IV. In order to return to enrollment, the student must petition the SEPC in writing within the time period allowed. The SEPC will consider petitions for re-admission regardless of the reason enrollment was discontinued. When petitioning the Committee, the student must submit information that will show that return to enrollment is justified. This is required regardless of the reason for the leave.
- V. Petitions for re-admission may be considered at any regular or specially called meeting of the SEPC. The time of re-admission will be based upon that which is deemed most appropriate to the student's academic status. Students may be required to repeat parts of the curriculum that have previously been successfully completed.
- VI. Re-admission may be delayed if all available positions are filled, even if a student meets all other qualifications for re-admission.

### **3.0 Definitions:**

N/A

### **4.0 Responsibilities:**

The Student Evaluation and Promotion Committees are responsible for adherence to this policy.

### **5.0 Monitoring Procedures:**

The application of this policy is monitored by the M.D. Registrar's Office and the Associate Dean of Students.

**6.0 Related Policies:**

UCF COM Policy 9.9.1: Standards for Promotion and Graduation

UCF COM Policy 9.9.2: Student Evaluation and Promotion Committee

UCF COM Policy 9.9.3: Grading Policy

**7.0 Key Search Words:**

Leave of absence	Appeal	Re-admission

**8.0 Revision History:**

Version	Date Approved	Modifications
V1	2009	Original
V2	6/30/2017	Minor edits

**9.0 References:**

N/A

**Responsible Office:** M.D. Registrar's Office

**Policy Contact:** Associate Dean for Students

**Supersedes:** Version 1

**APPENDIX A  
LEAVE OF ABSENCE REQUEST FORM**

Leave of Absence Request

Student Name: \_\_\_\_\_ Class: 2017

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Requested Return Date: \_\_\_\_\_

Reason for LOA: Medical (must provide documentation)

Reason for Request:

Please note that you must complete a request for re-enrollment no later than \_\_\_\_\_ in order to be considered for re-enrollment. \_\_\_\_\_ Student Initials

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return your completed form along with any attachments to the COM Registrar's Office (COM 115)*

For Office Use Only: Request:  Approved  Denied

Associate Dean for Students: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Return to Class of: \_\_\_\_\_

Conditions: Y or N

Student must meet with and obtain signatures from the following individuals/offices before request will be processed by the Registrar:

1. Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

2. Office of Student Affairs (Shelia Ellison): \_\_\_\_\_ Date: \_\_\_\_\_

Items Returned:

- Laptop \_\_\_\_\_
- iPad \_\_\_\_\_
- Locker Key \_\_\_\_\_
- Mailbox Key \_\_\_\_\_

Processed by RO:  SRS  PS  Roster  Registration  Tuition  Student  Dean  Transcript

**APPENDIX B  
RE-ENROLLMENT REQUEST FORM**

Return from Leave of Absence Request

Student Name: \_\_\_\_\_ Class: 2025  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Requested Return Date: \_\_\_\_\_

If there is anything that you would like the committee to know as they consider your petition for re-enrollment, please attach a separate sheet.

\*\*\*Students returning from a medical LOA must obtain a letter from their personal physician that specifies that the medical reason for the LOA has been addressed and that the student is now medically clear to return to class and fully participate in clinical responsibilities. This documentation should be submitted to Medical Students Accessibility Services (COM 205). If you require accommodations, you must meet with the Medical Student Accommodations Liaison.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed form along with any attachments to the COM Registrar's Office (COM 115)

For Office Use Only:  SRS  PS  Roster  Registration  Tuition  Copy Student  Copy Dean

SEPC Meeting Date: \_\_\_\_\_  
Request:  Approved  Denied Appeal:  N/A  Approved  Denied

Return Date: \_\_\_\_\_ Return to Class of: \_\_\_\_\_

Student must meet with and obtain signatures from the following individuals/offices before request will be processed by the Registrar:

1. Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

2. Office of Student Affairs (Shelia Ellison): \_\_\_\_\_ Date: \_\_\_\_\_

Items Returned to Student:

- Laptop \_\_\_\_\_
- iPad \_\_\_\_\_
- Locker Key \_\_\_\_\_
- Mailbox Key \_\_\_\_\_

Modules/Clerkships to be repeated/completed: \_\_\_\_\_

Other requirements/stipulations: \_\_\_\_\_