



Student Request for a Leave of Absence or Withdrawal

Student Name: _____

Banner ID: _____

I Am Requesting a: Leave of Absence

Withdrawal

Reason for Request (select one): Academic COMLEX

Graduate Degree Medical Personal

Starting Date of Leave/Withdrawal: _____

Ending Date of Leave: _____

Please obtain the following signatures and documentation as indicated:

1. Clinical Education (for students who have received a rotation schedule)

I have met with the student and provided a summary of how this leave will impact the student's clinical rotations.

Manager of Clinical Education

Date

2. Financial Aid

I have met with the student and explained the impact of this request on student loans and repayment status. In the event of a withdrawal, I have confirmed that the student has settled all outstanding financial obligations and completed financial aid exit counseling, if applicable.

Financial Aid Representative

Date

3. Director of Academic Success

I have met with the student to discuss strategies to successfully take a leave of absence or withdrawal.

Director of Academic Success

Date

4. Associate Dean of Academic Affairs

I have met with the student to discuss this request and the impact it will have on the student's academic plan.

Associate Dean of Academic Affairs

Date

5. Student

I have read the policies addressing a leave of absence and/or a withdrawal in the Student Handbook and Academic Standards Handbook and make this request with a full understanding of the impact it will have on my student loans, scholarships, tuition assistance, academic plan, and other matters.

When COMLEX is listed as a reason for my request, I attest that while on my leave of absence I will reply to emails from OSU-COM staff and faculty within one week of receipt and communicate with the Office of Academic Success at least every thirty (30) days or be subject to disciplinary action, including dismissal (exceptions require prior written approval).

For a medical leave of absence, I am providing a letter from a physician or health care provider describing the nature of the illness for which the leave is requested. I understand that students who take a medical leave of absence for medical reasons cannot engage in academic endeavors nor may OSU-COM faculty or staff consult with me while I am attending to medical issues.

Student

Date

6. Associate Dean for Enrollment Management

I have met with the student, documented completion and execution of this form, obtained required documents, and will process the request. In the event of a withdrawal, I will terminate access to college resources.

Associate Dean for Enrollment Management

Date