



**Academic Leave of Absence**

An academic leave of absence may be requested if the student plans to take time off to work on a research project, externship, degree-granting program or any other career advancing activity.

**Research**

The Research Advisory Committee is responsible for reviewing and approving this type of leave and the student research project taking place during the LOA.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form
- [Academic Leave of Absence for Research Application](#)

Please include any comments or discussion around the requested leave of absence:

**Degree-Granting Program**

An academic LOA may be requested if the student plans to take a year off to pursue a degree at an outside institution. Coursework must be completed and a degree must be conferred prior to reentry into the School of Medicine.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form
- Acceptance letter from degree-granting institution
  - Physical copies can be mailed to the Office of Student Records
  - Digital copies can be sent to [SOMregistrar@hofstra.edu](mailto:SOMregistrar@hofstra.edu)

Please include any comments or discussion around the requested leave of absence:

**Externship or Career Advancement Opportunity**

An academic LOA may be requested if the student plans to take a year off to pursue an opportunity outside of the institution that provides further value to their educational goals.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form
- Proof of employment, acceptance letter or memo explaining value experience can provide to career advancement

Please include any comments or discussion around the requested leave of absence:

**Personal LOA**

A personal leave of absence is a voluntary leave to pursue matters that fall outside any other defined leave of absence. Students taking a personal leave of absence will be withdrawn from the School of Medicine and have limited access to services.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form

Please include any comments or discussion around the requested leave of absence:

**Family LOA**

A family leave of absence is a voluntary leave as a result of a birth, adoption or family member with serious health condition. Family leaves are only applicable for a 12-week time period.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form

Please include any comments or discussion around the requested leave of absence:

**Military LOA**

A military leave of absence is a voluntary or involuntary leave to meet military service requirements.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form
- Documentation from the appropriate federal branch
- A plan for readmission, if deemed necessary by the Office of Academic Success

Please include any comments or discussion around the requested leave of absence:

**Administrative LOA**

An administrative leave is a school-mandated leave to address a single or multiple academic and/or professionalism deficiencies.

DOCUMENTATION THAT MUST BE SUBMITTED:

- A completed LOA Form
- A plan for readmission, if deemed necessary by the Office of Academic Success or the Office of Student Affairs

Please include any comments or discussion around the requested leave of absence:

---

### **Section 3: FINANCIAL COUNSELING**

Students requesting a leave of absence are required to meet with a member from the Office of Student Finance to discuss the financial implications of taking a leave. Students should request that a member from the Office of Student Finance sign the form at the end of the meeting. Topics covered during the meeting can include, but are not limited to the following:

- Loan repayment timeline
- Repayment of disbursement
- Cost of living expenses
- Personal budget
- Tuition responsibilities
- Financial implications to return from a leave of absence

- Eligibility for future financial aid
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Office of Student Finance

\_\_\_\_\_  
Date

### Section 4: PLANNED RETURN DATE

I plan to return on the following date: \_\_\_\_\_ .

### Section 5: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is accurate; (2) I understand that my financial aid may be affected by this LOA; (3) I understand that if I apply for an academic leave and it is not approved, I may be able to take a leave under the personal category; (4) I understand that I must be in contact with the School of Medicine at least 90 days prior to my planned return date. At this point, I will confirm my plan to return to school on my planned return date; (5) I understand that to request an extension, I will need to submit a new LOA application form; (6) I understand that upon re-matriculation, I will need to be in compliance with all school requirements. (7) I understand that my leave will not start change until these forms are completed and the Office of Student Records has changed my status.

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

\_\_\_\_\_  
Date

*This request is not valid unless signed and dated by the student.*

### Section 6: SCHOOL OFFICIAL REVIEW

- Approved
- Denied

\_\_\_\_\_  
Associate Dean of Student Affairs

\_\_\_\_\_  
Date

**For Registrar Office Use Only:**

Date Received: \_\_\_\_\_

Date Processed in Banner: \_\_\_\_\_

**For Office of Student Affairs Only:**

Please note any stipulations for this student's return in the space below:

\_\_\_\_\_

\_\_\_\_\_

**EXTENSION OF LOA or CHANGE IN LOA STATUS**

- Approved
- Denied

UPDATED REENTRY DATE: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date