

Because the MD Program is so short, students are strongly encouraged to limit Leaves of Absence. Approval must be sought for all Leaves. Consideration will be given for the following reasons:

- (1) Conference attendance: preference from high to low: student is presenting at the conference; student is attending a conference relevant to current area of study; student is attending a conference in an unrelated area of medicine;
- (2) Meetings sanctioned by the MD program;
- (3) Illness which would put the student or her/his patient(s) at an inappropriate level of risk if she/he were in attendance;
- (4) Essential appointments which cannot be scheduled during off hours;
- (5) Significant illness or death of an immediate family member;
- (6) Religious holiday or event at which the student's attendance is required by her/his religious beliefs. The program may require corroboration of this requirement.
- (7) Leaves of absence may be requested for other reasons and these will be considered at the time the request is made.

**Request for Leave of 3 days or less:** Students should attempt to complete the Request for Leave form, including all three necessary signatures, at least five weeks prior to the requested leave.

**Request for Leave of more than 3 days:** Requests should be made directly to the appropriate MD Program Administrator using this form. In most cases, a meeting with the Assistant Dean will be required to discuss the reason for the Leave.

**Making up Missed Time:** Students in Pre-Clerkship should discuss with their tutor, preceptor or LF how missed time/content is to be made up. Clerks are expected to make up any missed time. Please refer to LOA policy for further details.

LEARNER INFORMATION		
Last Name:	First Name:	Student ID#
Class Of:	MF/Rotation:	

LEAVE REQUEST	
Reason for Leave:	
Leave Start Date:	Leave End Date:
<b>This includes _____ working days and I agree that all content missed (Medical Foundations) or content/time misses (Clerkship) will be made up to the satisfaction of my Tutor/Clerkship Coordinator.</b>	
<b>How do you plan to make up for missed learning? Please complete before signing.</b>	
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ACKNOWLEDGEMENT
PLEASE RETURN COMPLETED FORM, WITH SIGNATURES, TO SITE PROGRAM ADMINISTRATOR

<hr style="border: 0; border-top: 1px solid black;"/> STUDENT SIGNATURE	<hr style="border: 0; border-top: 1px solid black;"/> DATE	
		Y <input type="checkbox"/> N <input type="checkbox"/>
<hr style="border: 0; border-top: 1px solid black;"/> TUTOR/CLINICAL SUPERVISOR/LF	<hr style="border: 0; border-top: 1px solid black;"/> DATE	APPROVAL
<hr style="border: 0; border-top: 1px solid black;"/> MF DIR/PC Chair/REGIONAL ASST DEAN/CLERKSHIP DIR	<hr style="border: 0; border-top: 1px solid black;"/> DATE	Y <input type="checkbox"/> N <input type="checkbox"/>
<hr style="border: 0; border-top: 1px solid black;"/> SITE PROGRAM ADMINISTRATOR	<hr style="border: 0; border-top: 1px solid black;"/> DATE	APPROVAL
<b>UNANTICIPATED LEAVE (Illness, bereavement, etc.): Documentation Required</b>		
<hr style="border: 0; border-top: 1px solid black;"/> ASST DEAN/SITE PRGM ADMINISTRATOR	<hr style="border: 0; border-top: 1px solid black;"/> DATE	Y <input type="checkbox"/> N <input type="checkbox"/>
		APPROVAL