

# LEAVE OF ABSENCE REQUEST FORM

**Return form to:**

Registrar  
One Gustave L. Levy Place  
Annenberg Building Room 12-80  
Box 1002  
New York, NY 10029-6574



Phone: (212) 241-1919  
Facsimile: (212) 876-4658  
E-mail: registrar@mssm.edu

All requests for leaves of absence ("LOA") are made directly to and granted at the discretion of the Registrar. An LOA constitutes a mutual agreement between school and student with regard to utilization of time during the leave, as well as the requirements that must be met prior to reentering the curriculum. Clearance for the leave, as set forth above, is required prior to beginning the LOA. In certain circumstances, students may request a LOA for a specific period of time for academic pursuits or for personal reasons up to one year. The following leaves of absence are available: Medical LOA; Personal LOA and Administrative LOA. Students planning any leave should consult with their advisor.

**CLEARANCE TO BEGIN LOA:** Students who leave school prior to completion of the degree requirements must obtain clearance before departure. The student will receive a letter of leave and individualized conditions will apply. All students must meet the criteria and confirm agreement with the terms of the leave in writing. In addition, students must complete the sign-out form below requiring the signatures of a number of offices indicating that there are no outstanding debts or other encumbrances to the student's record and that all medical school property has been returned. When all the signatures are obtained, the student must return the form to the Registrar.

**REQUIRED SIGNATURES:** All students must get clearance from the financial aid office, the Bursar, Levy library, and realty. International students must obtain clearance from the International Personnel Office, Division of Human Resources. Graduate students must get approval from their thesis/specialty track advisor, the Advisory Committee Chair and the MTA Director. Final approval comes from your Dean/Program Director and the Registrar, after obtaining all the signatures listed above.

**SUBMITTING THIS FORM:** All students must complete the 'Leave of Absence Request' form and obtain all the necessary signatures *before* submitting to the Registrar for final approval. Please be aware that students going on leave may have to turn in their Mount Sinai ID.

**STUDENT STATUS:** Medical, Administrative, and Personal leaves result in a change of student status. During these leaves, the student is not entitled to use the services of the school and will not have access to services such as the library, housing, or other campus resources.

**INTERNATIONAL STUDENTS:** International students must obtain clearance from the International Personnel Office, Division of Human Resources. For more information, go to: 320 East 94<sup>th</sup> Street, 5<sup>th</sup> Floor.

**TUITION:** There is are no fees for students taking an LOA.

**FINANCIAL AID:** Loans are not available for students taking an LOA

**HOUSING:** Students on Medical, Personal or Administrative LOA must vacate housing. Contact Cynthia Morales at [cynthia.morales@mountsinai.org](mailto:cynthia.morales@mountsinai.org) to file the appropriate paperwork.

**HEALTH INSURANCE:** Students attending another institution can remain with Icahn student health insurance or, if the student decides to accept other insurance, they must cancel Icahn health insurance *within 30 days* of start date. Students must remain with their student health insurance and cannot receive Mount Sinai employee health benefits if paid a salary. Students going on Medical, Personal and Administrative LOA should consult with Enrollment Services. For more information, contact Student Financial Services - [studentfinancialservices@mssm.edu](mailto:studentfinancialservices@mssm.edu)

**LIBRARY PRIVILEGES:** Library privileges are not available for students on Medical, Personal or Administrative LOA. Please go to the Circulation Desk in Levy library (Annenberg 11) for information and to get clearance for your leave.

**SCHOLARLY YEAR:** Please fill out the 'Request for Scholarly Year' form instead of this form. For more information, go to: <http://tinyurl.com/ScholarlyYearGuidelines>.

## REQUEST FOR LEAVE OF ABSENCE

STUDENT INFORMATION			
<b>Student Name (First, Middle Initial , Last)</b>		<b>Program / Class of:</b>	
<b>Forwarding Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Life Number</b>	<b>Telephone Number</b> _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
<b>Program</b>	<b>Forwarding Email</b>		
TYPE OF LEAVE			
<input type="checkbox"/> Administrative <input type="checkbox"/> Medical <input type="checkbox"/> Personal			
<b>Requested Start Date:</b>		<b>Anticipated Return Date:</b>	
PLEASE EXPLAIN WHY YOU WISH TO TAKE A LEAVE (ATTACH SUPPORTING DOCUMENTATION IF NECESSARY)			
_____		_____	
Student Signature		Date	
MEDICAL SCHOOL: MD DEGREE PROGRAM ONLY			
_____		_____	
Faculty Advisor (name and signature)		Date	
GRADUATE SCHOOL PROGRAMS ONLY			
<b>WE HAVE MET WITH THIS STUDENT AND SUPPORT THIS REQUEST FOR LEAVE OF ABSENCE FOR THE REQUESTED DATES:</b>			
_____		_____	
Thesis/Specialty Track Advisor (name and signature)		Date	
_____		_____	
Advisory Committee Chair (name and signature)		Date	
_____		_____	
MTA Director (name and signature)		Date	

## REQUEST FOR LEAVE OF ABSENCE CONT'D

### PLEASE OBTAIN CLEARANCE FROM THE DEPARTMENTS LISTED BELOW

\_\_\_\_\_  
**Financial Aid:** Student Financial Services  
Annenberg 12-80

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Bursar:** Phillip Parke  
Annenberg 12-80

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Levy Library:**  
Circulation Desk, Annenberg 11

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Real Estate:** Cynthia Morales  
1249 Park Avenue, 1st Floor

\_\_\_\_\_  
Date

\_\_\_\_\_  
**International Personnel Office, Division of Human Resources**  
19 E. 98th Street, 1st Floor  
*\* For International Students Only*

\_\_\_\_\_  
Date

### FINAL APPROVAL

THE ABOVE NAMED STUDENT HAS BEEN APPROVED FOR LEAVE FOR THE ABOVE DATES

#### COMMENTS:

\_\_\_\_\_  
**Dean/Program Director**  
Margaret Baron, Program Director, MD/PhD, or  
Basil Hanss, Graduate School of Biomedical Sciences, or  
Janice Gabrilove / Alan Moskowitz, Program Directors Clinical Research, or  
Nils Hennig, Program Director, Public Health, or  
Randi Zinberg, Program Director, Genetic Counseling

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Registrar:**  
Annenberg 12-80

\_\_\_\_\_  
Date

- Student returned Mount Sinai ID  
 N/A