



The University of Toledo College of Medicine & Life Sciences  
**SCHEDULE MODIFICATION REQUEST FORM**

Name: \_\_\_\_\_

Class Year: \_\_\_\_\_

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

COM Matriculation Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Rocket ID #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Reason for request:** *(Please note that a 60-day minimum notice is required to extend or return from a LOA)*

**Leave of Absence (LOA)**     Academic     Personal     Financial     Medical     Administrative  
(Physician's Letter Required)

**Return from LOA** Provide reason: \_\_\_\_\_

**Clerkship Modification** \_\_\_\_\_

**LOA Extension**     Academic     Personal     Financial     Medical     Administrative  
(Physician's Letter Required)

**Original LOA Dates** Start: \_\_\_\_\_

End/Return: \_\_\_\_\_

**Effective dates for this request** Start: \_\_\_\_\_

End/Return: \_\_\_\_\_

**Activities** to be completed during LOA: \_\_\_\_\_

✓	Student's CURRENT Schedule	CRN #	Start & End Dates	Action To Be Taken: C = Continue Course D = Drop Course P = Pull From Course A = Add Course
<input type="checkbox"/>	Family Medicine (FMMD701)			
<input type="checkbox"/>	Internal Medicine (MEDI703)			
<input type="checkbox"/>	Neurology (NEUR701)			
<input type="checkbox"/>	Obstetrics & Gynecology (OBGY701)			
<input type="checkbox"/>	Pediatrics (PEDS701)			
<input type="checkbox"/>	Psychiatry (PSCH701)			
<input type="checkbox"/>	Surgery (SURG703)			
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

**The student understands the following by signing and submitting this form for approval:**

1. Registration upon my return from LOA will be subject to the academic structure of the clinical clerkship calendar based on the year I am enrolled in.
2. I understand that I may have to wait for availability of clerkships due to limited clerkship capacity.
3. I understand that my clerkships will be subject to the grading policies in effect at the time I complete any postponed clerkship.
4. I must provide a minimum of 60 days' notice in writing from the above mentioned "End/Return" date to extend or return from a leave of absence.
5. I understand that I may need to take the Step 2 CK exam before completing all required third-year clerkships.
6. I understand that most UT and all away elective locations require successful completion of all required third-year clerkships prior to starting electives.
7. Most residency programs require successful completion of all required third-year clerkships before granting an interview and/or ranking applicants.

- 8. I understand that postponing required third-year clerkships to the fourth year will affect my AOA ranking.
- 9. I understand that delaying the start of my third-year clinical clerkships could directly impact my ability to fulfill MD graduation requirements on time within the third and fourth years and may delay my graduation.
- 10. An LOA may negatively impact my residency application and competitiveness.
- 11. I understand if I am a student loan borrower, there will be financial implications of this schedule modification and I must meet with a Financial Aid Advisor within 2 days after meeting with the Asst./Assoc. Dean of Student Affairs.
- 12. I understand there may be tuition and fee obligations that I will be responsible for depending on my current enrollment and the impact and timing of this LOA/ELOA/RLOA.

Additional Comments/ Notes: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student Digital Signature / Date

**This section to be completed by the Associate/Assistant Dean of Student Affairs:**

Discussed:  Meet w/ Assoc. Dean, Clinical Curriculum       Implication of delays       Residency Application  
 AOA       Graduation

Is this student in good academic standing?       Yes       No, explain: \_\_\_\_\_

This request is:       Approved       Denied, explain: \_\_\_\_\_

\_\_\_\_\_  
 Asst./Assoc. Dean Digital Signature/Date

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

\*\*Send form to Director of HSC Student Services

**This section to be completed by the HSC Financial Aid Department:**

The above-mentioned student met with a Financial Aid staff member and was informed of the financial implications of this schedule modification.

\_\_\_\_\_  
 Financial Aid Advisor (print name)

\_\_\_\_\_  
 Financial Aid Advisor Digital Signature/Date

\*\*Send form to Director of HSC Student Services

**This section to be completed by the UT COMLS Dean if LOA/RLOA/ELOA:**

Request is:       Approved       Denied, explain: \_\_\_\_\_

\_\_\_\_\_  
 UT COMLS Deans Digital Signature/Date

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

\*\*Send form to Director of HSC Student Services

**This section to be completed by a representative of Student Services / OSA:**

The following have been notified via email of the final approval of the changes outlined on this form:

HSC Registrar       Asst Dir Financial Aid       Dir HSC Student Services  
 Affected Clerkship Coordinators       Department of Medical Education       OSA Records

\_\_\_\_\_  
 Director of HSC Student Services (print name)

\_\_\_\_\_  
 Director of HSC Student Services Digital Signature/Date