

THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE – TUCSON

NON-MEDICAL LEAVE OF ABSENCE REQUEST FORM

Student Name: _____

Leave of Absence Start Date: _____

Leave of Absence End Date: _____ (no longer than 6 months from start date)

By my signature below, I am requesting a non-medical leave of absence from the College of Medicine – Tucson for reasons other than my own personal medical or mental health needs. I understand that taking a leave of absence may affect my academic progress or delay my graduation date. I further acknowledge that it is my responsibility to determine the impact a leave of absence may have on my financial aid and/or scholarships. I understand that I am not required to participate in the curriculum during a Leave of Absence. I understand that I must seek advance permission, in writing, from the Associate Dean of Curricular Affairs, to participate in any curricular activity – including exam retake, remediation, or USMLE Step 1 or 2, during my leave of absence. I acknowledge that participating in a curricular activity while on a Leave of Absence is wholly voluntary and that unfavorable results will not be invalidated on the basis of my leave status.

I have read and understand the UACOM-T [Leave of Absence Policy](#) [LINK].

I understand that I must follow and comply with the attached instructions when requesting or returning from a leave of absence.

I have met with my House Dean, Financial Aid, and Registrar to obtain information and education about my leave of absence request.

I understand that if I fail to timely return from a leave of absence, whether for medical or non-medical reasons, the Associate Dean for Student Affairs will advise the Vice Dean for Education and I will be Academically Dismissed from the College.

Signature _____

Date _____

Contact Phone: _____

YOU MUST ATTACH YOUR PERSONAL STATEMENT AND SUPPORTING DOCUMENTATION BEFORE SUBMITTING THIS REQUEST TO THE OFFICE OF THE ASSOCIATE DEAN FOR STUDENT AFFAIRS.

COLLEGE OF MEDICINE – TUCSON
NON-MEDICAL LEAVE OF ABSENCE REQUEST - INSTRUCTIONS

To REQUEST a non-medical leave of absence:

- Write a Personal Statement that address the following:
 - A. The reason(s) you are requesting the leave of absence,
 - B. Justification for the length of the proposed leave,
 - C. Your intended leave date and return date,
 - D. Your reintegration goals and plan to return to the curriculum after your leave,
 - E. If applicable, the reason you lack supporting documentation.

- Provide supporting documentation such as:
 - A. Invitation to participate in an internship, externship, research-related endeavor or fellowship;
 - B. Statement from a health care provider related to your need to care for another person;
 - C. Statement or orders from the military requiring your attendance;
 - D. Police reports;
 - E. Obituary or death certificate;
 - F. Court documentation or a letter from an attorney or other professional detailing the reasons for the request for a leave of absence.

The Associate Dean for Student Affairs or an Assistant Dean for Student Affairs will present the request and documentation, to the Student Progress Committee (SPC) for review and approval. The SPC may request the student to appear before it to provide information in support of the request. The SPC's decisions regarding a request for a non-medical leave of absence is not subject to review or appeal.

To RETURN from a non-medical leave of absence:

- Meet with the Associate Dean for Student Affairs or an Assistant Dean for Student Affairs to discuss reintegration plans.

- Submit a written report to the Student Progress Committee regarding your plan to return and reintegrate into the curriculum

- The Student Progress Committee may require the student to appear before it to discuss reintegration goals.

NOTE: You must complete **all** of these steps no later than the last date of your requested leave of absence. The SPC meets monthly – plan accordingly.