



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)

List Original LOA Dates Start: _____ End/Return: _____

Effective dates for this request Start: _____ End/Return: _____

Activities to be completed during LOA: _____

If qualified, do you need **health insurance** during the time of this request? Yes No

✓	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. I will be subject to the grading policies that are in effect at the time that I take any postponed clerkship.
2. I must give, in writing, a minimum of 60 days notice from the above mentioned "end/return" date to extend or return from a leave of absence.
3. Due to limited clerkship spots, I may have to wait for availability of the clerkships that I am required to complete. I will still be responsible for tuition and fees during this period.
4. I may need to take a Step 2 exam before completing all required third-year clerkships.
5. Most UT and away locations require successful completion of all required third-year clerkships prior to allowing registration of an elective.

6. Most residency programs require successful completion of all required third-year clerkships before granting an interview and/or ranking applicants.
7. Postponing required third-year clerkships to the fourth-year will affect my AOA ranking.
8. If I postpone the start of my third-year, I will be enrolled in the USMLE preparation course. This time will be deducted from the 8 weeks of flexible time allotted in the fourth year. I will still be responsible for tuition and fees during this period.
9. I understand that if I have taken out loans, 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.

Additional Comments/ Notes: _____

 Student 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 Meet w/ Financial Aid
 Meet w/ Student Health AOA Graduation Residency Application

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

This request is: Approved Denied, explain: _____

The following have been notified via email of the tentative changes outlined on this form:
 HSC Registrar Asst Dir HSC Financial Aid Office of Student Affairs
 Affected Clerkship Coordinators Department of Medical Education Dir HSC Student Services

 Asst./Assoc. Deans Signature Date

Additional Comments: _____

Send form to Student Services Rep

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

The above-mentioned student has met with the Financial Aid Department on (date) _____ and was informed of the financial implications of this schedule modification.

 Financial Aid Advisor (print name) Financial Aid Advisors Signature Date

Send form to Student Services Rep

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

Request is: Approved Denied, explain: _____

 UT COMLS Deans Signature Date

Additional Comments: _____

Send form to Student Services / Office of Student Affairs

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 Office of Student Affairs
 Affected Clerkship Coordinators Department of Medical Education Dir HSC Student Services

 Student Services Representative (print name) Student Services Representatives Signature Date