



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. My registration upon my return from LOA will be subject to the academic structure of the clinical clerkship calendar based on the year I enroll in them.
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 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 clerkships could directly impact my ability to fulfill MD graduation requirements within the third and fourth year and graduate on time and may hurt residency application and competitiveness.
- 10. 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.
- 11. 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/ 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