



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: \_\_\_\_\_

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.

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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 ☐ Residency Application  
☐ AOA ☐ Graduation

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:

☐ Affected Clerkship Coordinators ☐ Affected Clerkship Directors

\_\_\_\_\_  
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 Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*Send form to Student Services Director

**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 Director

**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:

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

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

\_\_\_\_\_  
Student Services Director Signature

\_\_\_\_\_  
Date