

**UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE
LEAVE OF ABSENCE FORM FOR ADMINISTRATIVE LEAVE**

I, _____ (please print name), have been notified by the Associate Dean of Student Affairs and/or Medical Education that I have been placed on administrative leave of absence from the University of South Alabama College of Medicine (USACOM) with an effective date of _____(date).

I understand that this administrative leave is effective only for a specific period of time designated as _____ weeks (Choose one of the following: four or eight weeks) with an effective termination date of _____(date). I understand that if I am unable to return to the USACOM on or before that stipulated date that I must request to have my leave converted to a personal or medical leave of absence. I understand that converting my leave involves petitioning the Leave of Absence subcommittee of the Student Promotions and Evaluations Committee for their approval. I understand that this process to petition for conversion of administrative leave to another type of leave must occur at least seven (7) calendar days prior to the effective termination date of my administrative leave.

Conversion of an administrative leave to a medical leave requires documentation by a licensed healthcare provider. In order to request or return from a medical leave, documentation is required from a licensed healthcare provider indicating fitness to return to the rigors of medical education when applicable. This documentation can be in the form of a letter from my provider to the Associate Dean of Student Affairs.

I understand that leaves of absence are recorded on the academic transcript as well as documented in the Medical Student Performance Evaluation.

Failure to adhere to the timelines stipulated in this document can result in a referral to the Student Promotions and Evaluation Committee. After referral, the policies and procedures which would be followed are those which govern SPEC. I understand that my violation of this document could result in a recommendation for dismissal from the COM.

I have read and understand the contents of this document and have been given a copy with the original place in my academic record.

Financial Aid: If I am a Title IV recipient, I understand that I am required to meet with the Associate Director of Financial Aid and will be required to sign the Financial Aid Leave of Absence document.

Signature: _____

J#: _____

Date: _____

Associate Dean of Student Affairs or designee signature: _____

Date: _____