



Office of the Registrar, 40 Sunshine Cottage Road Valhalla, NY 10595 Tel 914.594.4495 Fax 914.594.3752 [registrar@nymc.edu](mailto:registrar@nymc.edu)

SHSP - BMS - MEDS - TCDM

1 - 2 - 3 - 4

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

TID # \_\_\_\_\_

School (check) \_\_\_\_\_

Degree/Program (Graduate Schools only) \_\_\_\_\_

Class Year (check) \_\_\_\_\_

**STUDENT INSTRUCTIONS**

Please complete below and forward the form to your Dean (medical school) or Advisor (graduate schools)

**Leave of Absence**

Effective \_\_\_\_\_ Term(s) \_\_\_\_\_  
Expected Return \_\_\_\_\_ Term \_\_\_\_\_

**Withdraw from the Institution**

Effective \_\_\_\_\_ Term \_\_\_\_\_

**Reason:**  Academic  Financial  Health  
 Special Studies (research)  Special Studies (non-research)  
 Transfer to another institution  Transfer to another U.S. Medical School  Other \_\_\_\_\_

**Student Contact Information:**

Phone(s) \_\_\_\_\_  
Personal email: \_\_\_\_\_

**Please visit with all the applicable offices below to discuss any obligations related to your departure.**

- Financial Aid \_\_\_\_\_
- Bursar \_\_\_\_\_  
If LOA, does student request to keep NYMC health insurance?  yes  no
- International Advisor \_\_\_\_\_
- Housing \_\_\_\_\_
- Dean's Office (BMS only) \_\_\_\_\_  
 Returned lab key, microscope. Return from LOA form provided.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACADEMIC OFFICIAL INSTRUCTIONS**

Please complete below. Once both you and the student have signed, forward this form to the Registrar's Office (medical school) or Dean's Office (graduate schools)

**Leave of Absence** information provided by the student is correct  Yes  No  
Correction \_\_\_\_\_ Revised Expected Graduation Term \_\_\_\_\_

**Withdrawal** information provided by the student is correct  Yes  Correction \_\_\_\_\_

**Student needs access to NYMC resources.** Do not inactivate  ID card  Email/portal  LMS  
Include in email group(s) \_\_\_\_\_

**Student is registered** for the current/future term:  Yes  No  
(If yes, provide an add/drop form indicating the appropriate status or grade for each course)

**Last Date of Attendance** \_\_\_\_\_ (only if registered)

**Refund** \_\_\_\_\_ % tuition reversal, per student's last date of attendance

**Statuses initiated only by a Dean**

- Repeating a term/year** Effective term \_\_\_\_\_ Include in email groups(s) \_\_\_\_\_
- Change in Graduation Date** New Expected Date/Term \_\_\_\_\_ Include in email groups(s) \_\_\_\_\_
- Graduated** as of \_\_\_\_\_
- Administrative Withdrawal** Effective term \_\_\_\_\_
- Academic Dismissal** Effective term \_\_\_\_\_ (attach documentation)

**Comments/Special Instructions** \_\_\_\_\_

**Academic Official's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dean's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_