

SCHEDULE MODIFICATION FORM

Name: _____

Class Year: _____

Address: _____

COM Matriculation Date: _____

City, State, Zip: _____

E #: _____

Telephone #: _____

Reason for request: *(Please note this form is required to extend or return from a LOA)*

Withdrawal from Quillen College of Medicine

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: _____

Only complete the section below if you have completed your pre-clinical curriculum

✓	Student's CURRENT Schedule	Course #	Start & End Dates	Action To Be Taken (if any):
<input type="checkbox"/>	Family Medicine			
<input type="checkbox"/>	Internal Medicine			
<input type="checkbox"/>	Surgery			
<input type="checkbox"/>	Obstetrics & Gynecology			
<input type="checkbox"/>	Pediatrics			
<input type="checkbox"/>	Psychiatry			
<input type="checkbox"/>	Underserved Medicine			
<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 may need to take a Step 2 exam before completing all required third-year clerkships.
3. Most away locations require successful completion of all required third-year clerkships prior to allowing registration of an elective.

4. Most residency programs require successful completion of all required third-year clerkships before granting an interview and/or ranking applicants.
5. Postponing required third-year clerkships to the fourth-year will affect my AOA ranking.
6. If I postpone the start of my third-year, I will be enrolled in the Special Studies 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.
7. 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 Assoc Dean of Academic or Student Affairs:

Discussed: Meet w/ Dean not completing form 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:

Registrar Director Financial Aid Office for Student Affairs
 Affected Clerkship Coordinators Department of Academic Affairs Main Campus

 Associate. Dean Signature

 Date

Additional Comments: _____

Send form to Financial Services

This section to be completed by the QCOM Financial Services 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 Records

This section to be completed by the QCOM Dean if Withdrawal:

Request is: Approved Denied, explain: _____

 QCOM Dean Signature

 Date

Additional Comments: _____

Send form to Records

This section to be completed by the QCOM Records Office:

The following have been notified via email of the final approval of the changes outlined on this form:

Registrar Asst Dir Financial Aid Office for Student Affairs
 Affected Clerkship Coordinators Academic Affairs/ Course Directors IT Services (Va, Ballad, ETSU)

 QCOM Records Office Representative (print name)

 QCOM Records Office Representative Signature

 Date