



**QUILLEN COLLEGE OF MEDICINE  
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