

**REQUEST FOR LEAVE OF ABSENCE**  
**UMKC SCHOOL OF MEDICINE-ALLIED HEALTH PROGRAMS**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
**Year/Semester:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Required contact information** (where you can be reached while on leave):

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
\_\_\_\_\_ E-mail Address \_\_\_\_\_

**Leave begin date requested:** \_\_\_\_\_ **Leave end date requested:** \_\_\_\_\_

**Reason for leave of absence:**  Personal  Medical (Please explain in detail and/or attach a written statement or supplemental documentation. Provider Certification Form is required for medical leave):

*My signature below confirms my request for leave of absence from the UMKC School of Medicine. I understand that my request will not be considered for approval until I complete and attach the additional university request for leave form **and** until all required leave forms and paperwork is received by the Committee on Progression. I also understand that any leave granted to me may have financial implications and/or delay my graduation from the program, and that it is my responsibility to review those possible financial implications with the UMKC Cashier's and/or Financial Aid Office(s) prior to submitting this request. Finally, I acknowledge that it is also my responsibility to work with my education coordinator to update and correct my course enrollment in the Pathway system should the school approve my request for leave of absence.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Education Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Identify all Pathway changes to be made as a result of the leave\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Committee on Progression Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Administrative Use Only\*\*\*\*\*

Attached Docs: \_\_\_\_\_ Campus Form \_\_\_\_\_ Curriculum Plan \_\_\_\_\_ Supplemental Info \_\_\_\_\_ Tuition Reimbursement  
Date Received: \_\_\_\_\_ Date of Campus Submission: \_\_\_\_\_ New Est. Grad Date: \_\_\_\_\_ Months Extended: \_\_\_\_\_

Committee on Progression Review of \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Request: \_\_\_\_\_  
Comments: \_\_\_\_\_

Signature of the Chair or Authorized Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**TECHNICAL STANDARDS**  
**UMKC SCHOOL OF MEDICINE MASTER OF SCIENCE IN ANESTHESIA PROGRAM**

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Year/Semester:** \_\_\_\_\_

The University of Missouri-Kansas City School of Medicine Technical Standards can be found online by visiting:

<http://med.umkc.edu/msa/technical-standards/>

From the policy:

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. To undertake and successfully complete the Master of Science in Anesthesia program, an individual must possess those intellectual, emotional and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required for graduation from the program. The requisite technical skills that candidates for the Master of Science in Anesthesia degree must demonstrate include, but are not limited to the following:

- Effectively communicating verbally with patients and their family members and with other healthcare professionals. Must demonstrate the ability to work as an effective member of the health care team.
- Interacting with patients, including obtaining a preoperative history and performing perioperative anesthesia related physical examinations.
- Effectively communicating in writing, and by record keeping, those data and information essential to the practice of anesthesia and the care of patients.
- Having the ability to multitask, which includes; hearing, processing, and interpreting multiple conversations, monitor signals, alarms, instructions, operating the anesthesia delivery system, and providing direct patient care simultaneously in fast-paced patient care settings (e.g., operating room, intensive care unit, emergency room).
- Reading and comprehending written parts of the medical record and other patient care documents in order to safely and effectively participate in the delivery of anesthesia care.
- Having sufficient motor skills and coordination to perform diagnostic and therapeutic tasks, including invasive procedures, on patients in a timely manner so as to ensure the safety and well-being of the patients. These tasks include but are not limited to peripheral and central venous catheterization, arterial puncture and cannulation, breathing bag-and-mask ventilation, placement of oral and nasal airways, laryngeal mask airway insertion and management, and endotracheal intubation.
- Having sufficient strength, motor skill, and coordination to lift, move, and position patients as required for administration of anesthesia and performance of cardiopulmonary resuscitation.
- Having sufficient speed and coordination to quickly and safely react to emergent conditions in the operating room as well as throughout the hospital in order to comply with standards for patient safety.
- Recognizing and differentiating colors of signals displayed on monitors; being able to work in both light and dark conditions as exist in patient care areas (e.g., operating room, radiology suite, endoscopy suite); being able to recognize details of objects both near and far.
- Having the abilities to make measurements, calculations, reason, analyze and synthesize patient data and solve problems. Be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
- Having the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive and effective relationship with patients.
- Having the ability to tolerate physically taxing workloads, effectively carry out responsibilities and to function effectively under stress. Students and practitioners must possess sufficient emotional stability to withstand stress, display flexibility and to learn to function in the face of uncertainty inherent in the clinical problems of many patients.
- Having the ability to maintain attendance, especially in clinical coursework, in order to earn the required clinical practice hours and experience for graduation.
- Having no impairment that would preclude continuous performance of all of the above activities or any and all of the other activities that are an integral part of an anesthesiologist assistant's participation in the anesthesia care team.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,\* may be granted additional time on required examinations, be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations.

*\*Contact the UMKC Office of Services for Students with Disabilities for information regarding definition and documentation of learning disabilities.*

Check the single statement below which applies on the date the form is signed and going forward:

\_\_\_\_ I am able to adhere to the Technical Standards stated above at this time, but seek approval for leave from the School of Medicine.

\_\_\_\_ I am **unable** to adhere to the Technical Standards stated above at this time, and seek approval for leave from the School of Medicine.

\_\_\_\_ I am able to fully comply with the Technical Standards stated above and seek approval to return from leave to the School of Medicine.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Request for Leave of Absence

Please refer to the leave of absence policy in the UMKC Catalog for further information regarding this process.

### Eligibility requirements for requesting a leave of absence:

1. Be a degree seeking student
2. Be registered and enrolled in classes for the current term
3. Be eligible to enroll and be in academic good standing, on probation, or on continuing probation with your academic unit
4. Have submitted all outstanding high school or transfer transcripts if conditional admission was granted for the student to enroll for the previous semester
5. Provide a personal statement and official documentation for why a leave of absence is being requested

**Fee refund schedule** – Students who request a leave of absence in the middle of a term are subject to the established fee refund schedule. Students who wish to petition for an [exception to the refund policy](#) will need to attach the form to their leave of absence request. Students should follow the normal procedures for withdrawing from classes.

**Deadline for requesting a leave of absence** – No later than the fourth week of the first semester of non-attendance

**Leave of absence duration** – A leave of absence will be granted for a maximum of two semesters (e.g. Fall and Spring or Summer and Fall). A student can request an extension for his or her leave of absence; however, the request for an extension cannot extend more than one year beyond the original date requested. Students who do not return by the date noted on their approved leave of absence form and who are not granted an approved extension will be required to reapply for admission to UMKC through the Office of Admissions.

### STEP 1: Student information

Name \_\_\_\_\_ Date submitted \_\_\_\_\_

Student ID number \_\_\_\_\_

**Attach your personal statement and documentation of why you are requesting a leave of absence to this form.**

### Requested leave of absence duration (maximum of 2 semesters)

**From:** Term \_\_\_\_\_ Year \_\_\_\_\_ **To:** Term \_\_\_\_\_ Year \_\_\_\_\_

### Student level

- Undergraduate  
 Graduate:     iPhD         Other \_\_\_\_\_    *See your graduate program handbook for specific guidelines.*  
 Professional: Dentistry, Law, Medicine, Pharmacy

### Academic unit (Undergraduate and Graduate)

- College of Arts & Sciences  
 Conservatory of Music & Dance  
 School of Biological Sciences  
 Bloch School of Business and Public Administration  
 School of Computing and Engineering  
 School of Education

*The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.*

- School of Graduate Studies  
 School of Nursing

### Academic unit (Professional)

*The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.*

- School of Dentistry  
 School of Law  
 School of Pharmacy  
 School of Medicine

**STEP 2: Meet with the appropriate offices listed below as applicable to your situation.**

**Are you an International Student with an F1 or J1 visa?**     Yes    No

If yes, then meet with the International Student Affairs Advising office.

International Student

Affairs advising signature \_\_\_\_\_ Date \_\_\_\_\_

**Are you receiving financial aid or scholarships?**     Yes    No

If yes, then meet with a coordinator in the Financial Aid & Scholarships Office.

Financial Aid & Scholarships

Office signature \_\_\_\_\_ Date \_\_\_\_\_

**Are you a veteran receiving veterans' educational benefits?**    Yes    No

If yes, then meet with the veterans' service coordinator in the Registration & Records Office.

Veterans' services

coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

**Do you have a balance due on your student account?**     Yes    No

If yes, then meet with the Cashier's Office to review your account and set up a payment plan.

Cashier's

Office signature \_\_\_\_\_ Date \_\_\_\_\_

You may also consider meeting with the following offices to discuss issues related to the services that they provide.

- Residential Life
- Campus Dining
- Parking
- Campus Health & Counseling Services

**STEP 3: Academic unit approval and required signatures**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Academic unit

representative signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP 4: Withdraw from classes for approved terms**

If you are enrolled in the current term, and want your leave of absence to begin immediately, please follow the appropriate procedures to drop or withdraw from all of your classes. Students who request a leave of absence in the middle of a term are subject to the established withdrawal deadlines. Also, update your mailing address and contact information in Pathway if necessary.

**STEP 5: Submission of approved form by the academic unit**

This form and related paperwork will be submitted to the Registration & Records Office by the approving advisor or body in the academic unit.

For students in the School of Medicine, please also attach the completed change of status form.

**APPEAL:** If a student is denied a leave of absence, an appeal can be made per the policy in the UMKC Catalog. Please refer to [www.umkc.edu/catalog/Policies\\_and\\_Procedures.html](http://www.umkc.edu/catalog/Policies_and_Procedures.html).

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**Registration & Records Office use only**

Approved     Denied: reason for denial \_\_\_\_\_

Length of leave approved (maximum of 2 semesters) \_\_\_\_\_

Term in which student is expected to return \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

- Notify student of approval or denial.
- Process leave request and note expected return date in Pathway; set student to detached status in Pathway for the length of the leave of absence.

- Notify academic unit of student's approved leave of absence and expected return date.
- Scan form and documentation into the K REC SECURE drawer in ImageNow.

**TECHNICAL STANDARDS**  
**UMKC SCHOOL OF MEDICINE MASTER OF SCIENCE IN ANESTHESIA PROGRAM**

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Year/Semester:** \_\_\_\_\_

The University of Missouri-Kansas City School of Medicine Technical Standards can be found online by visiting:

<http://med.umkc.edu/msa/technical-standards/>

From the policy:

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. To undertake and successfully complete the Master of Science in Anesthesia program, an individual must possess those intellectual, emotional and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required for graduation from the program. The requisite technical skills that candidates for the Master of Science in Anesthesia degree must demonstrate include, but are not limited to the following:

- Effectively communicating verbally with patients and their family members and with other healthcare professionals. Must demonstrate the ability to work as an effective member of the health care team.
- Interacting with patients, including obtaining a preoperative history and performing perioperative anesthesia related physical examinations.
- Effectively communicating in writing, and by record keeping, those data and information essential to the practice of anesthesia and the care of patients.
- Having the ability to multitask, which includes; hearing, processing, and interpreting multiple conversations, monitor signals, alarms, instructions, operating the anesthesia delivery system, and providing direct patient care simultaneously in fast-paced patient care settings (e.g., operating room, intensive care unit, emergency room).
- Reading and comprehending written parts of the medical record and other patient care documents in order to safely and effectively participate in the delivery of anesthesia care.
- Having sufficient motor skills and coordination to perform diagnostic and therapeutic tasks, including invasive procedures, on patients in a timely manner so as to ensure the safety and well-being of the patients. These tasks include but are not limited to peripheral and central venous catheterization, arterial puncture and cannulation, breathing bag-and-mask ventilation, placement of oral and nasal airways, laryngeal mask airway insertion and management, and endotracheal intubation.
- Having sufficient strength, motor skill, and coordination to lift, move, and position patients as required for administration of anesthesia and performance of cardiopulmonary resuscitation.
- Having sufficient speed and coordination to quickly and safely react to emergent conditions in the operating room as well as throughout the hospital in order to comply with standards for patient safety.
- Recognizing and differentiating colors of signals displayed on monitors; being able to work in both light and dark conditions as exist in patient care areas (e.g., operating room, radiology suite, endoscopy suite); being able to recognize details of objects both near and far.
- Having the abilities to make measurements, calculations, reason, analyze and synthesize patient data and solve problems. Be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
- Having the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive and effective relationship with patients.
- Having the ability to tolerate physically taxing workloads, effectively carry out responsibilities and to function effectively under stress. Students and practitioners must possess sufficient emotional stability to withstand stress, display flexibility and to learn to function in the face of uncertainty inherent in the clinical problems of many patients.
- Having the ability to maintain attendance, especially in clinical coursework, in order to earn the required clinical practice hours and experience for graduation.
- Having no impairment that would preclude continuous performance of all of the above activities or any and all of the other activities that are an integral part of an anesthesiologist assistant's participation in the anesthesia care team.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,\* may be granted additional time on required examinations, be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations.

*\*Contact the UMKC Office of Services for Students with Disabilities for information regarding definition and documentation of learning disabilities.*

Check the single statement below which applies on the date the form is signed and going forward:

\_\_\_\_ I am able to adhere to the Technical Standards stated above at this time, but seek approval for leave from the School of Medicine.

\_\_\_\_ I am **unable** to adhere to the Technical Standards stated above at this time, and seek approval for leave from the School of Medicine.

\_\_\_\_ I am able to fully comply with the Technical Standards stated above and seek approval to return from leave to the School of Medicine.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Return from Leave of Absence

Please refer to the leave of absence policy in the UMKC Catalog for further information regarding this process.

**Eligibility requirements for requesting a return from a leave of absence:**

1. Be physically, mentally and emotionally ready to return to school.
2. Be eligible to register for the term in which you plan to return (no financial, academic or disciplinary holds).
3. Meet all financial aid requirements as outlined by the Financial Aid & Scholarships Office for the academic year in which you plan to return.

**Deadline for requesting a return from leave of absence**

No later than 30 days prior to the first class date of the semester in which the student plans to enroll.

**STEP 1: Student information**

Name \_\_\_\_\_ Date submitted \_\_\_\_\_

Student ID number \_\_\_\_\_

**Student level**

- Undergraduate
- Graduate:     IPhD         Other \_\_\_\_\_ See your graduate program handbook for specific guidelines.
- Professional: Dentistry, Law, Medicine, Pharmacy

**Academic unit (Undergraduate and Graduate)**

- College of Arts & Sciences
- Conservatory of Music & Dance
- School of Biological Sciences
- Bloch School of Business and Public Administration
- School of Computing and Engineering
- School of Education

*The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.*

- School of Graduate Studies
- School of Nursing

**Academic unit (Professional)**

*The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.*

- School of Dentistry
- School of Law
- School of Pharmacy
- School of Medicine

**Requested return from leave of absence:**

Term:     Fall                      Year: \_\_\_\_\_  
 Spring  
 Summer

**Continue with the signatures on the back of this page.**



**STEP 2: Meet with the appropriate offices listed below as applicable to your situation.**

**Were you receiving financial aid or scholarships at the time your leave of absence began?**  Yes  No  
If yes, then meet with a coordinator in the Financial Aid & Scholarships Office.

Financial Aid & Scholarships  
Office signature \_\_\_\_\_ Date \_\_\_\_\_

**Are you a veteran receiving veterans' educational benefits?**  Yes  No  
If yes, then meet with the veterans' service coordinator in the Registration & Records Office.

Veterans' services  
coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

**Do you have a balance due on your student account or a hold preventing registration?**  Yes  No  
If yes, then meet with the Cashier's Office to review your account and registration requirements.

Cashier's  
Office signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP 3: Required signatures**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Academic unit  
representative signature \_\_\_\_\_ Date \_\_\_\_\_

**Are you an International Student with an F1 or J1 visa?**  Yes  No  
If yes, then meet with the International Student Affairs Advising office.

International Student  
Affairs advising signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP 4: Submission of approved form by the academic unit**

This form will be submitted to the Registration & Records Office by the approving advisor or body in the academic unit.

For students in the School of Medicine, please also attach the completed change of status form.

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**Office use only**

**Student Affairs representative**

Are there other outstanding issues to be addressed by the student before a return from leave of absence can be approved?

\_\_\_\_\_  
\_\_\_\_\_

**Registration & Records Office**

Approved  
 Denied: reason for denial \_\_\_\_\_

Term of student return \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

- Notify student of approval or denial.
- Notify academic unit of student's approved return date.
- Process return request and note return date in Pathway.
- Scan form into the K REC SECURE drawer in ImageNow.

**REQUEST FOR RETURN FROM EXTENDED PROGRAM ABSENCE/LEAVE OF ABSENCE  
UMKC SCHOOL OF MEDICINE ALLIED HEALTH PROGRAMS**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
**Year/Semester:** \_\_\_\_\_ **Program:** \_\_\_\_\_

Important Information:

- Registration for coursework and/or attendance in classes/clinical assignments is not permitted without full approval of this form.

**Return date requested:** \_\_\_\_\_

*My signature below confirms my request to return from extended program absence or leave of absence from the UMKC School of Medicine. I understand that my request will not be considered for approval until I complete and attach the additional university request for leave return form **and** until all required leave return forms and paperwork is received by the Council on Evaluation in the School of Medicine. I also understand that any leave granted to me may have financial implications and/or delay my graduation from the program, and that it is my responsibility to review those possible financial implications with the UMKC Cashier's and/or Financial Aid Office(s) prior to submitting this request to return. Finally, I acknowledge that it is also my responsibility to work with my education coordinator to update and correct my course enrollment in the Pathway system should the school approve my request to return from leave of absence.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Education Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Identify all Pathway changes to be made as a result of the leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Committee on Progression Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Administrative Use Only\*\*\*\*\*

Attached Docs: \_\_\_ Campus Form \_\_\_ Curriculum Plan \_\_\_ Supplemental Info \_\_\_ Tuition Reimbursement

Date Received: \_\_\_\_\_ Date of Campus Submission: \_\_\_\_\_ New Est. Grad Date: \_\_\_\_\_ Months Extended: \_\_\_\_\_

Council on Evaluation Review of Request: \_\_\_\_\_ Approved \_\_\_\_\_ Denied  
Comments: \_\_\_\_\_

Signature of the Chair or Authorized Designee: \_\_\_\_\_ Date: \_\_\_\_\_