

## **MEDICAL LEAVE OF ABSENCE POLICY AND PAPERWORK**

### **~UMKC SCHOOL OF MEDICINE~**

A leave of absence is an approved and defined period of time during which a student is not participating in the requirements of his/her program. A student might request a leave due to an emergency, because of medical or psychiatric illness or in order to participate in scholarly research or educational programs. The school might also place a student on leave in accordance with specific academic policies. Any leave will have academic and/or financial repercussions, and should therefore not be undertaken without considerable thought, planning and communication with school and university staff and advisors.

The School of Medicine allows for the following types of leave:

- Personal
- Medical
- Emergency
- Administrative

Any student who takes twelve or more consecutive months of leave, regardless of type, must undergo a status review prior to returning to the program. The status review allows the Councils on Evaluation and Curriculum to make appropriate curricular and/or remediation recommendations guiding the student's return to the School of Medicine.

#### Medical Leave

A medical leave of absence is defined as a period of time during which a student is medically unable, as certified by a treating physician or therapist who is not a family member or relative of the student, to fully participate in the program as required by School of Medicine Technical Standards. Medical leave is granted by the Chair of the Council on Evaluation and is subject to the approval of the Coordinating Committee and the Dean or his/her designee.

Any student seeking medical leave must follow the procedure outlined below. Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation.

Any student requesting medical leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Requests for medical leave must coincide with the start of the month or academic term and conclude at the end of a month or academic term. Once granted, medical leave is counted in whole months away from the program and may extend a student in the program an equivalent amount of time to the leave. A student may request an extension of medical leave by submitting updated required forms and supporting documentation for review by the Council Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for medical leave are not permitted. Enrollment in any coursework, at any institution, while on medical leave is strictly prohibited. Students on medical leave are also ineligible to take any National Board of Medical Examiners (NBME) exam, including all subject, board examinations and readiness assessment (i.e. CBSE, PBA) examinations. Upon return from leave, students must adhere to the schedule outlined by either the Council on Curriculum or the Council on Evaluation to complete outstanding NBME exams, including subject, board and readiness assessment (i.e. CBSE, PBA) examinations.

A student must return from medical leave when the treating physician or therapist identified in the original request for leave certifies that the student is ready to enter with full-time participation in the program as required by the School of Medicine Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from medical leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### *Conditions for a Medical Leave of Absence*

A medical leave of absence may be granted when a student has a verified medical condition, including psychiatric illness, which prohibits full participation in the program as defined by the School of Medicine Technical Standards.

It is inappropriate to request medical leave for any of the following reasons:

- The request is made in an attempt to avoid receiving undesirable grades in one or more courses
- The request is made in an attempt to gain additional time to prepare for coursework or examinations
- The request is made in an attempt to avoid meeting criteria for separation

#### *Procedure for Requesting Medical Leave*

1. The student completes the top of the SOM Provider Certification for Medical Leave of Absence form and submits it to the treating physician/therapist, along with the SOM Technical Standards document. *Note that hospital family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student's need for medical leave.*
2. The student completes the SOM Request for Medical Leave of Absence form and obtains the ETC, Docent and Council on Curriculum signatures.
3. The student completes the campus UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.

4. The student submits the completed SOM Request for Leave of Absence and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated start of the leave.
5. Once the SOM Provider Certification for Medical Leave of Absence form, SOM Technical Standards document and supporting documentation is submitted to the Council on Evaluation by the care provider, the Council Chair will review the paperwork and render a decision upon the request.
6. If the request for medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
7. If the request for medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, a student is required to monitor his/her UMKC email address and keep in contact with his/her ETC.

*Procedure for Returning from Medical Leave*

1. To prepare for returning from leave, the student must complete the top of the SOM Provider Certification for Return from Medical Leave of Absence form and submit it to the same treating physician/therapist who originally certified the leave, along with the SOM Technical Standards document.
2. The student completes the SOM Request for Return from Medical Leave form and obtains the ETC, Docent and Council on Curriculum signatures.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed SOM Request for Return from Leave and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior to the anticipated return from leave.
5. Once the SOM Provider Certification for Return from Medical Leave of Absence form, SOM Technical Standards document and any supporting documentation is submitted to the Council on Evaluation by the care provider, the Council Chair will review the paperwork and render a decision upon the request.
6. If the request for return from medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
7. If the request for return from medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

Helpful information for completing the Medical Leave paperwork on the following pages:

- ✓ This packet of information contains both policy information and all required forms for medical leave.
- ✓ It takes four forms to go on medical leave, and four forms to return from medical leave.
  - To request leave, you must submit:
    - SOM Request for Medical Leave form
    - SOM Technical Standards document (you complete and submit this form to your care provider along with the SOM Provider Certification for Medical Leave form indicated below)
    - UMKC Request for Leave form
    - SOM Provider Certification for Medical Leave form (both this form and the SOM Technical Standards form should be submitted by your care provider directly to the Council on Evaluation as indicated on the Provider Certification form)
  - To return from leave, you must submit:
    - SOM Request for Return from Medical Leave form
    - SOM Technical Standards document (you complete and submit this form to your care provider along with the SOM Provider Certification for Medical Leave form indicated below)
    - UMKC Request for Leave Return form
    - SOM Provider Certification for Return from Medical Leave form (both this form and the SOM Technical Standards form should be submitted by your care provider directly to the Council on Evaluation as indicated on the Provider Certification form)
- ✓ The same care provider certifying your need for medical leave must certify your ability to return to the program.
- ✓ Emergency Room physicians, family members/relatives and/or urgent care providers are not permitted to complete the Provider Certification. Emergent and/or urgent issues should be brought to the attention of the Associate Dean for Student Affairs for consideration.
- ✓ Remember to stay in close contact with your ETC and Docent while on leave.

# PROVIDER CERTIFICATION FOR MEDICAL LEAVE OF ABSENCE

~ UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE ~

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Year/Level: \_\_\_\_\_ Unit: \_\_\_\_\_

*My signature below authorizes my care provider to complete and submit this form, the attached Technical Standards document, and the letter indicated to the UMKC Council on Evaluation.*

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

**Provider Directions:** Please review the attached UMKC School of Medicine Technical Standards document and then complete this form and letter as indicated for the student/patient listed above. Completed forms (including the Technical Standards form) must be submitted to the UMKC School of Medicine's Council on Evaluation. Forms may be faxed with a coversheet to 816-235-6613 or scanned and emailed to Mrs. Christine Dockweiler at [dockweilerc@umkc.edu](mailto:dockweilerc@umkc.edu). Please contact the Council on Evaluation at 816-235-1913 with questions.

## Provider Information

Provider's Name: \_\_\_\_\_ Type of Practice/Medical Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

## Medical Facts

Approximate date condition commenced: \_\_\_\_\_  
Was the student admitted for an overnight stay in a hospital or residential medical care facility? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please provide dates of admission: \_\_\_\_\_  
Date of medical provider's assessment of student: \_\_\_\_\_  
Will you continue to provide ongoing care for this student? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Estimate the beginning and ending dates of medical leave for this student: Begin: \_\_\_\_\_ End: \_\_\_\_\_

**By attached letter, please describe the necessity of medical leave for this student (i.e. ongoing physical visits, medical therapy, etc.).**

## Provider Certification

By signature below, the provider certifies the following:

1. I am not an emergency department or urgent care provider for the student/patient at this time.
2. I am the treating provider for this student during a medical leave of absence.
3. I am not related to this student in any way.
4. I reviewed the UMKC School of Medicine Technical Standards and believe the student/patient is unable to comply with them at this time.
5. I saw and evaluated this student in person and recommended a medical leave of absence.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider Name

.....  
Please fax (with coversheet) or scan the completed form with attached letter and the Technical Standards document directly to Mrs. Christine Dockweiler in the UMKC School of Medicine Council on Evaluation at 816-235-6613 or [dockweilerc@umkc.edu](mailto:dockweilerc@umkc.edu).

**TECHNICAL STANDARDS**  
**~UMKC SCHOOL OF MEDICINE~**

**Student Name:** \_\_\_\_\_  
**Year/Level:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

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

The University of Missouri-Kansas City School of Medicine Technical Standards can be found online by visiting:  
[http://med.umkc.edu/docs/admissions/Technical\\_Standards.pdf](http://med.umkc.edu/docs/admissions/Technical_Standards.pdf)

From the policy:

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. All students of medicine must possess those intellectual, emotional, mental, and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required by the faculty.

Candidates for the medical degree must demonstrate the ability to work as an effective member of the health care team and must be able to observe and perform a variety of procedures. Intact sensory and motor functioning is required for accurate observation and the competent performance of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance, and close at hand. This necessitates the functional use of the senses of vision, hearing, touch, and sometimes smell. A candidate must be able to communicate effectively, to hear and to observe patients in order to elicit information, to describe changes in mood, activity and posture, and to perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient sensory and motor function to elicit information from the physical examination by palpation, auscultation, percussion and other diagnostic maneuvers, in a timely manner.

Problem solving is a critical cognitive skill demanded of physicians, and it requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. In addition to these skills, a candidate must possess the high moral and ethical standards demanded of physicians and the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of the patients, and the development of mature, sensitive and effective relationships with patients.

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 and may 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. In addition, they will not be provided more opportunities to complete coursework or required examinations than given to the other students. All students must adhere to the course or clerkship syllabus and all of its requirements.

*\*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 MEDICAL LEAVE OF ABSENCE**  
**~UMKC SCHOOL OF MEDICINE~**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
**Year/Level:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**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** (briefly explain below, and attach the Provider Certification for Medical Leave form):

My signature below confirms my request for medical 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 (including the Provider Certification for Medical Leave form) 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. Finally, I acknowledge that it is also my responsibility to work with my ETC 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 Team Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*\*Please attach a curriculum plan indicating possible changes in the student schedule as a result of the leave.*

**Docent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Council on Curriculum Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

Attached Docs: \_\_\_\_\_ Campus Form \_\_\_\_\_ Curriculum Plan \_\_\_\_\_ Provider Cert \_\_\_\_\_ 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:** \_\_\_\_\_



UNIVERSITY OF MISSOURI-KANSAS CITY

# Request for Leave of Absence

OFFICE OF REGISTRATION & RECORDS

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 \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Notify student of approval or denial.   | <input type="checkbox"/> Notify academic unit of student's approved leave of absence and expected return date. |
| <input type="checkbox"/> 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. | <input type="checkbox"/> Scan form and documentation into the K REC SECURE drawer in ImageNow.                 |

# PROVIDER CERTIFICATION FOR RETURN FROM MEDICAL LEAVE OF ABSENCE

~UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE~

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Year/Level: \_\_\_\_\_ Unit: \_\_\_\_\_

*My signature below authorizes my care provider to complete and submit this form and the attached Technical Standards document to the UMKC Council on Evaluation.*

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

**Provider Directions:** Please review the attached UMKC School of Medicine Technical Standards document and then complete this form and letter as indicated for the student/patient listed above. Completed forms (including the Technical Standards form) must be submitted to the UMKC School of Medicine's Council on Evaluation. Forms may be faxed with a coversheet to 816-235-6613 or scanned and emailed to Mrs. Christine Dockweiler at [dockweilerc@umkc.edu](mailto:dockweilerc@umkc.edu). Please contact the Council on Evaluation at 816-235-1913 with questions.

## Provider Information

Provider's Name: \_\_\_\_\_ Type of Practice/Medical Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

## Medical Facts

Approximate date condition commenced: \_\_\_\_\_  
Date of medical provider's most recent assessment of student/patient: \_\_\_\_\_  
Will you continue to provide ongoing care for this student/patient? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Recommended end date of leave for this student/patient: \_\_\_\_\_

## Provider Certification

By signature below, the provider certifies the following:

1. I was the treating provider for this student/patient during a medical leave of absence.
3. I am not related to this student/patient in any way.
4. I reviewed the UMKC School of Medicine Technical Standards and believe the student/patient is able to comply with them.
5. I saw and evaluated this student/patient in person and recommend a return to full participation as a student in medical school.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider Name

.....  
Please fax (with coversheet) or scan the completed form and Technical Standards document to Mrs. Christine Dockweiler in the UMKC School of Medicine Council on Evaluation at 816-235-6613 or [dockweilerc@umkc.edu](mailto:dockweilerc@umkc.edu).



**TECHNICAL STANDARDS**  
**~UMKC SCHOOL OF MEDICINE~**

**Student Name:** \_\_\_\_\_  
**Year/Level:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

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

The University of Missouri-Kansas City School of Medicine Technical Standards can be found online by visiting:  
[http://med.umkc.edu/docs/admissions/Technical\\_Standards.pdf](http://med.umkc.edu/docs/admissions/Technical_Standards.pdf)

From the policy:

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. All students of medicine must possess those intellectual, emotional, mental, and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required by the faculty.

Candidates for the medical degree must demonstrate the ability to work as an effective member of the health care team and must be able to observe and perform a variety of procedures. Intact sensory and motor functioning is required for accurate observation and the competent performance of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance, and close at hand. This necessitates the functional use of the senses of vision, hearing, touch, and sometimes smell. A candidate must be able to communicate effectively, to hear and to observe patients in order to elicit information, to describe changes in mood, activity and posture, and to perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient sensory and motor function to elicit information from the physical examination by palpation, auscultation, percussion and other diagnostic maneuvers, in a timely manner.

Problem solving is a critical cognitive skill demanded of physicians, and it requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. In addition to these skills, a candidate must possess the high moral and ethical standards demanded of physicians and the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of the patients, and the development of mature, sensitive and effective relationships with patients.

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 and may 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. In addition, they will not be provided more opportunities to complete coursework or required examinations than given to the other students. All students must adhere to the course or clerkship syllabus and all of its requirements.

*\*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 RETURN FROM MEDICAL LEAVE OF ABSENCE**  
**~UMKC SCHOOL OF MEDICINE~**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
**Year/Level:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

Important Information:

- Registration for coursework and/or attendance on the first day of classes is not permitted without full approval of this petition.
- Students must enroll in an in-town classroom course or elective/rotation in the first month of re-entry.

Required Documentation and Attachments:

- A current curriculum plan as determined by the Council on Curriculum
- A completed UMKC 'Request for Leave – Return' form

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

*My signature below confirms my request to return from medical 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 (including the Provider Certification for Return from Medical Leave form) 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 ETC 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 Team Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*\*Please attach a curriculum plan indicating possible changes in the student schedule as a result of the leave.*

**Docent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Council on Curriculum Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

Attached Docs: \_\_\_\_\_ Campus Form \_\_\_\_\_ Curriculum Plan \_\_\_\_\_ Provider Cert \_\_\_\_\_ 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: \_\_\_\_\_



UNIVERSITY OF MISSOURI-KANSAS CITY

# Return from Leave of Absence

OFFICE OF REGISTRATION & RECORDS

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.