

REQUEST FOR EXTENDED PROGRAM 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 an extended program absence from the UMKC School of Medicine. I understand that my request will not be considered for approval until I complete all necessary documentation. I also acknowledge that it is also my responsibility to make up any missed assignments, exams, and/or clinical time should my request for extended program absence be approved.

Student Signature: _____ **Date:** _____

Faculty Signatures _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Comments: _____

Committee on Progression Signature (If necessary): _____ **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: _____

Review of Request: _____ Approved _____ Denied _____
Comments: _____

Signature of the Program Director or Committee Chair: _____ Date: _____

TECHNICAL STANDARDS
UMKC SCHOOL OF MEDICINE MASTER OF MEDICAL SCIENCE PHYSICIAN ASSISTANT PROGRAM

Student Name: _____ **Student ID:** _____
Year/Level: _____ **Unit:** _____

The University of Missouri-Kansas City School of Medicine Master of Medical Science Physician Assistant Program Technical Standards can be found online by visiting: <http://med.umkc.edu/pa/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 Medical Science Physician Assistant 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.

Candidates for the Master of Medical Science Physician Assistant 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, describe changes in mood, activity and posture, and perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. Candidates must have the ability to maintain attendance, especially in clinical coursework, in order to earn the required clinical practice hours and experience for graduation.

Problem solving is a critical cognitive skill demanded of physician assistants, 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 physician assistants 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 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, 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.

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.

**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: _____

TECHNICAL STANDARDS
UMKC SCHOOL OF MEDICINE MASTER OF MEDICAL SCIENCE PHYSICIAN ASSISTANT PROGRAM

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Year/Level: _____ **Unit:** _____

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Problem solving is a critical cognitive skill demanded of physician assistants, 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 physician assistants 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 patients, and the development of mature, sensitive and effective relationships with patients.

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_____ 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.

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.