

REQUEST FOR NYIT COLLEGE OF OSTEOPATHIC MEDICINE RESEARCH/ENRICHMENT HIATUS

A student who chooses to spend a period of time away from NYIT College of Osteopathic Medicine to complete an approved research project or graduate program may apply for a NYITCOM research/enrichment hiatus. The hiatus will be granted only at the end of a specific year of study. The student's participation in the research or graduate program must not exceed one academic year.

Research Hiatus

The student must be accepted into a research program that is approved by the Office of Research. The letter of application must list:

1. The specific dates of the time period the student will be absent from the educational program (date of beginning and anticipated date of return to NYITCOM from research hiatus)
2. The name of the research project's Principal Investigator (PI)
3. The location where the research project is located

The student must also submit a research proposal. The proposal for a research hiatus should be in the format of a grant application: Specific Aims (1 page), Background (2–3 pages), Preliminary Data (if any; 1–2 pages) and Experimental Approach (3–5 pages). Please contact the Office of Research to obtain further guidance in writing the research proposal.

ENRICHMENT HIATUS

- The letter of application must list:
- The specific graduate degree program and institution offering the degree program
- Verification that the program can be completed during the hiatus year
- Reason for applying to enroll in that graduate program

Application Process

Applications for a research or enrichment hiatus must be submitted to the Associate Dean of Student Affairs and approved by the Student Progress Committee (SPC). The Committee will meet with the student, review all submitted documentation as well as the student's academic record at NYITCOM before making a decision regarding approval. The student must be in good standing and must have successfully completed all courses and associated exams up to and including the date of filing the letter of application. In order to have a meeting scheduled with the Student Progress Committee, the student must submit the letter of application with required documentation by March 1st of the academic year preceding the hiatus.

NOTE: Students applying for a research/enrichment hiatus between Years 2 and 3 must have taken COMLEX Level 1 before receiving approval. Students applying for a hiatus between Years 3 and 4 must take COMLEX Level 2 CE before the hiatus begins.

Return from a Hiatus Process

At least 60 days prior to the anticipated time of readmission to the regularly scheduled NYITCOM academic program, the student must submit a letter to the Assistant Dean of Student Affairs for the NYITCOM Student Progress Committee declaring their intent to return and the anticipated date of return. At the conclusion of the research hiatus, the student must submit written verification of participation for the year in the approved program from the administrator of the research facility and proof of a research project. The student must also submit to the Office of Research a final report in the form of a proposed manuscript: Abstract (1 page), Introduction (1 page), Materials and Methods (2 pages), Results (2–4 pages) Discussion (1–3 pages). At the conclusion of the enrichment hiatus the student must submit proof of the successful completion of the graduate degree program

For financial aid purposes during the research/enrichment hiatus period, the student's status will be listed as "Withdrawn" and the student will not be eligible to receive any type of financial aid from NYITCOM.

By signing below, I agree that I have read and understand the aforementioned policy and I have received a copy of this form.

Student's signature _____

Date _____

Full Name (printed): _____

Anticipated leave and return dates: _____

Class of: _____ Student ID #: _____

Telephone #: _____ Email: _____

Current Mailing Address: _____

Any outstanding balances must be paid prior to returning to NYIT College of Osteopathic Medicine. A student is responsible for paying the health insurance fee before beginning classes.

Please initial the following:

Insurance:

Note: Students will be withdrawn from the health insurance during this time.

I am aware that I will be withdrawn from the school sponsored health and dental insurance during this time.

Please be advised that you will NOT be permitted to resume your clinical rotations until proof of insurance is provided.

Return from a Research Hiatus:

I am aware that the Request to Return from a Research Hiatus form must be received prior to my scheduled return.

GENERAL INFORMATION

By authorizing a registration or by dropping and/or adding or withdrawing or being dismissed from the courses I registered for this semester, I agree to be charged in accordance with the schedule set forth in NYIT's online catalogs and nyit.edu with respect to payment of tuition and fees, refunds, dropping and adding courses, and, withdrawal and dismissal policies and procedures. I agree to be bound by this registration form and abide by NYIT's rules and regulations set forth in [NYIT's online catalogs](#) and [nyit.edu](#). I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. If my charges are not paid when due, I agree to pay NYIT all fees and costs associated with the collection of my delinquent account. In addition to payment of the principal amount due, the additional fees and costs may include collection agency fees constituting 33 to 50 percent of the principal amount due if NYIT engages a collection agency to collect payment; legal fees of 33.3 percent of the principal amount due if NYIT engages legal counsel to collect payment; any and all interest on the outstanding balance at the maximum legal rate allowed by law and; any and all other costs associated with collection of the amount due NYIT. I understand my obligation to pay these additional fees and costs associated with collection of my delinquent account.

Student signature: _____ Date: _____

ADMINISTRATIVE SIGNATURES & APPROVALS

Financial Aid: _____ Date _____

Student Health Insurance: _____ Date _____

Student requesting to take an academic leave of absence to participate in a **Research Fellowship** must meet with the Associate Dean for Research to review their proposal.

Research Proposal Approved Research Proposal Not Approved

Associate Dean for Research: _____ Date _____

Students must meet with the Clinical Education Department

Assistant Dean for Clinical Education: _____ Date _____

Office use only:

Leave Approved: Assistant Dean of Student Affairs: _____ Date: _____

Leave Start Date: _____