



**NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE**

Leave of Absence from Clinical Rotations
(One month or less)

Instructions: Please complete this form and fax it to (954/262-3862) or send to the COM Office of Clinical Education, 3200 S. University Dr., Ft. Lauderdale, Florida 33328. **If requesting leave of absence for more than one month, please make an appointment to meet with Dr. Whitehead by calling 954/262-1416.**

Upon review, you will receive confirmation of your request.

DATE OF REQUEST: _____

NAME: _____

CLASS OF: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CURRENT ADDRESS: _____

DATES REQUESTED (month/day/year): _____

REASON (attach additional page if necessary): _____

Student Signature

Date

Approval of Leave Absence:

Director of Clinical Curriculum

Date