

SoD Graduate Student Leave Policy

All students enrolled in School of Dentistry master's degree programs must adhere to the seven (7) scheduled holidays for WVUH (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Friday after, and Christmas Day.) An additional seven (7) scheduled holidays for WVU are optional and may be taken as vacation/leave upon approval from the program director/department chair pending adequate clinical coverage for patient care/emergencies (the Wednesday before Thanksgiving Day, December 24, December 26, December 31, Martin Luther King Jr. Day, Good Friday, and Election Day in May). In addition, graduate students may take personal leave during the regular school week. Such leave is also contingent upon approval from the program director/department chair and should not exceed six (6) days per year for a total of 20 days annually. Time off for job interviews, setting up practices and shadowing should be taken as personal leave or during other leave times. Additional leave time may be granted on an individual case-by-case basis at the discretion of the Department Program Director. A resident may be required to make-up the additional time missed, possibly extending the completion date of his/her residency. Absences for school-related meetings or professional shadowing to fulfill curricular objectives will not be counted against leave, but a leave request form must be completed for tracking purposes.

Unused leave will not carry over to the next academic year. Graduate students should avoid leave during scheduled courses and other program activities. If leave must be taken during course time, prior arrangements must be made with the course director(s). Coverage for student-teaching, patient care and other assignments, if applicable, is the responsibility of the graduate student. Staggering personal days among graduate students will ensure appropriate coverage. Before finalizing any leave plans, graduate students should complete the attached form, in advance, and meet with the program director for approval. Leave will be tracked for each student and filed with the department administrative assistant. Faculty must be available for supervision when graduate students are treating patients.

A leave of absence, including Family Medical (maternity) or Military leave, may be requested after all applicable personal leave time has been exhausted. Additional time will be added to the student's educational program to compensate for the time missed. Students who need an extended absence (greater than 1 month) from the program due to illness, pregnancy, or personal issues will need to request a formal leave of absence from the program. The Health Science Center Graduate Program Guidelines need to be followed to apply for this.

Leave will not be counted when WVU closes due to inclement weather. If WVU is not officially closed due to the weather, attendance will be required of all graduate students and anyone absent will be required to take leave.

Graduate Student Leave Request Form

Weekday	Date	Reason
Monday		<input type="checkbox"/> Holiday <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Personal <input type="checkbox"/> Program-related Meeting/Course <input type="checkbox"/> Other (Explain) _____
Tuesday		<input type="checkbox"/> Holiday <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Personal <input type="checkbox"/> Program-related Meeting/Course <input type="checkbox"/> Other (Explain) _____
Wednesday		<input type="checkbox"/> Holiday <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Personal <input type="checkbox"/> Program-related Meeting/Course <input type="checkbox"/> Other (Explain) _____
Thursday		<input type="checkbox"/> Holiday <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Personal <input type="checkbox"/> Program-related Meeting/Course <input type="checkbox"/> Other (Explain) _____
Friday		<input type="checkbox"/> Holiday <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Personal <input type="checkbox"/> Program-related Meeting/Course <input type="checkbox"/> Other (Explain) _____

Total Days taken to Date: _____

Academic year in Program: _____

Student Name

Program Director

Student Signature

Program Director Signature

Date Submitted

Date Approved