



## Request for Leave of Absence

Any extended absence (thirty days or more) from either Basic Science or Clinical Medicine education at the Medical University of the Americas requires formal approval and verification from the respective Dean. All such absences are noted in the student's permanent record. The following student has requested such a Leave.

Student Name: \_\_\_\_\_,  
(last name, first name; please print)

Dates: From: \_\_\_\_/\_\_\_\_/20\_\_\_\_ To: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### For Official University Use Only

Approved as:  Leave of Absence  Study Break

Current absence: \_\_\_\_ weeks Cumulative LOA: \_\_\_\_ weeks

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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