



## Request for Leave of Absence

The following student has requested and been granted a Formal Leave of Absence from their medical education at the Medical University of the Americas. Any extended break from either Pre-Med or the Basic Sciences must be approved by the Dean of Basic Science. These absences are reported to the Registrar and noted in permanent records.

*Student Name: (please print)* \_\_\_\_\_

*Date of LOA:* \_\_\_\_\_ *To:* \_\_\_\_\_

*Reason* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Approval Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Title* \_\_\_\_\_