



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 Basic Science or Clinical education is reported and verified by the Dean of Clinical Medicine. These absences are approved and noted in permanent records.

Student Name: (please print) _____

Date of LOA: _____ *To:* _____

Reason _____

Student Signature _____ *Date* _____

Approval Signature _____ *Date* _____

Title _____