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_______

Finance Approval Signature __________________ Date ______

Dean Approval Signature ____________________ Date_______

Title _______________________________________________