



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 _____