



American University of the Caribbean  
School of Medicine

# Official Clinical Leave Request Form

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code Country

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

I am requesting an Official Leave, not to exceed one term of absence, from American University of the Caribbean School of Medicine.

From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

The reason for this leave is Personal Medical\* Academic\*\*

**IMPORTANT NOTES:**

\* A Fitness to Return Letter may be required by AUC for a student to return from a Medical Leave.

\*\* A student taking an Academic Leave must comply with the Conditions of Leave set out in the Student Handbook: in particular, the requirement to report a USMLE score before the end of the leave term. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN ACADEMIC DISMISSAL.

I elect to Keep Decline AUC health insurance while on Official Leave.

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

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Reply to: AUC Coral Gables, Office of Clinical Student Affairs, 901 Ponce de Leon Blvd., Suite 700  
Coral Gables, Florida 33134, Tel: 305-446-0600, Fax: 305-444-6791

**OCSA USE ONLY**

**Required documentation for Academic LOA:**

- \_\_\_\_\_ LOA1: Leave form, Prometric Confirmation, OCSA Doc #003
- \_\_\_\_\_ LOA2: Leave form, Prometric, USMLE Result Sheet, Action Plan
- \_\_\_\_\_ LOA3: Leave form, Prometric, USMLE Transcript & Result Sheets, Review Program, Action Plan