



Academic Leave Extension Request Form

Student Name: _____ Student ID: _____
Last, First Middle

Address: _____
Street City State Zip Code Country

Telephone Numbers: _____

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 extension is: Personal Medical * Academic ** Other

Please Explain: _____

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.
- Please note that if you are a federal student aid borrower, you must complete federal exit counseling as soon as possible. You may complete this federal requirement by logging on to www.studentloans.gov. The Exit Counseling is listed under the Tools and Resources column. You will be taken to the National Student Loan Data System web site to complete the exit counseling and review your current Federal loans. You will be required to read information and answer questions. The results will be forwarded to the school within 24 hours.
- Eligibility for financial aid requires 8 weeks of scheduled rotations. 30+ days extension requests plus 30-45 days of site clearance does not allow for 8 weeks of scheduled rotations in a semester. Therefore, by signing this form the student acknowledges that he/she has consulted with an AUC financial aid officer and understands that he/she will not be eligible for financial aid during the semester in which the leave is granted.
- Failure to report a USMLE Step score or abide by the terms of the LOA by the end of the extension period will result in academic dismissal.

I elect to:

- Keep AUC Health Insurance (with Aetna) while on Official Leave. I understand that my Student Account will automatically be charged for this insurance. Plan information and a copy of my insurance ID card can be found at: www.Aetnastudenthealth.com after the semester begins using my SSN and DOB.
- Decline AUC Health Insurance while on Official Leave.

Student Signature: _____ Date: _____

Approved by: _____ Date: _____

Reply to: Office of the Registrar, 901 Ponce de Leon Blvd., Suite 700
Coral Gables, Florida 33134, Tel: 305-446-0600, Fax: 305-489-3878 Email: aucregistrar@aucmed.edu

OFFICIAL USE ONLY

Last date of attendance _____ Date of Determination _____

Required documentation for Academic LOA:

- ____ LOA1: Leave Form, Prometric Confirmation
- ____ LOA2: Leave Form, Prometric, USMLE Result Sheet, Action Plan
- ____ LOA3: Leave Form, Prometric, USMLE Transcript & Result Sheets, Review Program, Action Plan