



American University of the Caribbean  
School of Medicine

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**AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE  
REQUEST FOR EXCUSED ABSENCE FROM MEDICAL SCIENCES NOT TO EXCEED 15 DAYS**

**TO: Assistant Dean of Student Affairs**

**FROM:** \_\_\_\_\_  
Name (please print) Student ID

I am requesting an **excused absence\*\*** from the American University of the Caribbean School of Medicine, for the period specified, **not exceeding fifteen (15) cumulative days** for the semester. I understand that I must coordinate all missed Mandatory Participation Activities with my Course Directors.

Further, I understand that I must check-in on-campus before the end of the excused absence period. If I **do not** return by the date specified below, I will be considered AWOL and may be administratively withdrawn from AUC through an administrative review process.

**\*\*A physician's note is required when absent during a mandatory activity or exam. The physician's note must indicate the days one is unwell and cannot study/take an exam and the expected return date.**

From \_\_\_\_\_ to \_\_\_\_\_  
mm / dd / yyyy mm / dd / yyyy

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you miss any exams or mandatory activities? \_\_\_Yes\_\_\_No

If yes, you must specify:

Course: \_\_\_\_\_ Exam/Activity: \_\_\_\_\_  
Course: \_\_\_\_\_ Exam/Activity: \_\_\_\_\_  
Course: \_\_\_\_\_ Exam/Activity: \_\_\_\_\_  
Course: \_\_\_\_\_ Exam/Activity: \_\_\_\_\_

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

**Submit this form to the Office of Student Affairs at this link:**

<https://app.smartsheet.com/b/form/562ea37ab984468e864d6f8cbcff98d8>

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**APPROVED:** \_\_\_\_\_ Date \_\_\_\_\_ Schedule for make-up exam \_\_\_Yes\_\_\_No

Date of Student check-in from LOA \_\_\_\_\_