



**AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE**  
**Sint Maarten Campus**

**TO: Assistant Dean of Student Affairs, SXM Campus**

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

I am requesting an Excused Absence from the AUC's SXM Campus for the period specified. I understand that my request must meet one or more of the "qualifying events" detailed in the Excused Absence Policy found in the Student Handbook, and that I must submit this form along with supporting documentation **within two business days of the initiation of the absence** as detailed in the Excused Absence Policy.

The cumulative days absent from Semester 1 may not exceed **10 semester days**; cumulative days absent from an 8-week module in other semesters may not exceed **5 semester days**. If the cumulative absence exceeds these maximums, the student must withdraw from the course and request a Leave of Absence (see form found in the Student Handbook).

If my request is approved, I understand that I must coordinate all miss activities with a module co-director and that I must make up any missed exams on the make-up date listed in the Master Academic calendar. I understand that there are no make-up of missed make-up exams under any circumstances.

If I **do not** return by the date specified below, I will be considered AWOL and may be administratively withdrawn from AUC through an administrative review process.

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

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

**Module:** \_\_\_\_\_

**Will you miss any exams or mandatory activities?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, you must specify:** Exam/Activity: \_\_\_\_\_  
Exam/Activity: \_\_\_\_\_  
Exam/Activity: \_\_\_\_\_  
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**