



American University of the Caribbean School of Medicine est. 1978

Leave of Absence Request Form Office of Clinical Student Affairs

Student Name: Last, First Middle Student ID:

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: Month / Day / Year To: Month / Day / Year

The reason for this leave is: Personal Medical * Academic ** Other

Please Explain:

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.

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 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 Student ID number and DOB.
Decline AUC Health Insurance while on Official Leave. U.S. Federal Law Requires that you have and maintain a health insurance policy at all times. For U.S. Federal Law Health Insurance Requirements, please visit: www.healthcare.gov before declining this insurance.

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