



American University of the Caribbean
School of Medicine

est. 1978

Request for Long Term Academic Leave of Absence
for an Entire Semester from Medical Sciences

To: DEAN OF MEDICAL SCIENCES

Date: _____

From

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

Address: _____
Street City State Zip Code Country

Telephone Numbers: _____

I am requesting an Official Academic Leave for one entire semester's absence from the American University of the Caribbean School of Medicine.

From: _____ To: _____
Month / Day / Year Month / Day / Year

The reason for this academic leave is: [] Personal [] Medical * [] Academic/Study [] Financial [] Other

Please Explain: _____

IMPORTANT NOTE:

* A Fitness to Return Letter may be required by AUC for a student to return from a Medical Leave. I understand that I am allowed two official semesters academic leave from the University during the course of my studies and that if I do not return at the time designated, I will be involuntarily withdrawn as a student from the University.

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.

I elect to:

- [] Keep AUC Health Insurance (with NAGICO) while on Official Academic Leave. I understand that my Student Account will automatically be charged for this insurance.
[] Decline AUC Health Insurance while on Official Academic Leave.

Student Signature: _____ Date: _____

Business Office Signature: _____ Date: _____

Librarian's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Last Date of Attendance: _____ Date of Determination: _____