



**AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE**

**REQUEST FOR SHORT TERM ACADEMIC LEAVE OF ABSENCE FROM MEDICAL SCIENCES  
NOT TO EXCEED FIFTEEN DAYS (cumulative)**

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

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

DATE: \_\_\_\_\_

TO: **Assistant Dean of Student Affairs**

FROM: \_\_\_\_\_  
Name (please print) Student number

I am requesting a short-term leave 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 discuss and coordinate all missed Mandatory Participation Activities with my Course Directors. Further, I understand that I must check-in on-campus with the Campus Registrar by the end of the leave period. If I **do not** return by the date specified below, I will be considered AWOL, withdrawn from enrollment and receive an "F" in all courses this term. Should I wish to return, I will need to reapply for admission.

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

Reason for academic leave: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you miss any exams? \_\_\_\_ Yes \_\_\_\_ No

If yes, you must specify:

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Circle Enrolled Classes	
<b>SEMESTER 1</b>	<b>SEMESTER 3</b>
MCB I	Pathology I
Gross Anatomy	Physiology II
Embryology	Medical Microbiology
Histology	ICM 3
ICM 1	<b>SEMESTER 4</b>
<b>SEMESTER 2</b>	Pathology II
MCB II	Med Pharmacology
Physiology I	Neuroscience
Immunology–Infection	ICM 4.1
Biostatistics/Epidemiology	<b>SEMESTER 5</b>
ICM 2	Beh. Science
	ICM 5.1
	ICM 6
	Med Ethics

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

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APPROVED: \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Dean of Student Affairs Signature

Schedule for make-up exam \_\_\_\_ Yes \_\_\_\_ No

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