



Leave of Absence Request Form

*Start Date for Leave: _____

*Date to resume studies: _____

Student Data

Student Name: _____
Last First M.I.

Student ID: _____
Student ID Student personal E-Mail Student Phone Number

Student Address: _____
Street City State/ Zip

I am requesting a Leave of Absence for the following reason(s):

- Prepare for USMLE Step 1 Exam
- Prepare for USMLE Step 2 CK Exam
- Prepare for USMLE Step 2 CS Exam
- Other (explain):

AUSOMA guidelines for Leave of Absence:

This application must be signed by the Dean of Clinical Sciences no less than 20 business days prior to taking time off to be valid.

4 MONTHS is the maximum time allowed on Leave of Absence without being considered Dismissed from AUSOMA.

If considered Dismissed from AUSOMA, you become legally obligated to begin repayment of any Student Loans.

Clinical students are to complete their rotation before taking a leave of absence.

For this request to be considered student file must be complete and student must be in good financial standing.

Student Signature (REQUIRED)

Date (REQUIRED)

For Registrar Use Only

Status of Request

ACCEPTED DECLINED

Clinical Dean's Signature

Date

Reason for Decline