



AMERICAN UNIVERSITY  
SCHOOL OF MEDICINE  
ARUBA

# 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 approved 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.*

*Students are to complete their classes and or rotations before taking a leave of absence.*

*For this request to be considered: student 's 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

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reason for Decline