

LEAVE OF ABSENCE REQUEST FORM

Caribbean Medical University

Caribbean Campus: WTC Piscadera Bay, Curacao, Netherlands Antilles • Phone: (5999) 463-6453 • Fax (5999) 463-6452
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This form is to be used if:

1. Student is currently registered in a program and dropping all CMU courses prior to completion of the present academic term, or
2. Student is currently registered and is completing the academic semester, but will not be returning next term because of a LOA.

STUDENT INFORMATION

1 Name: _____
Last Name First Name Middle Name

2 Student ID Number _____ Current Enrollment: _____
As appears on ID card Program - Semester

3 Address: _____
Number and street or rural route Apt. No. Phone Number

City or Town State Zip Code Country

REQUEST INFORMATION

4 Requested Beginning of the Leave of Absence? Spring (January) Summer (May) Fall (September) Year _____

5 Proposed End of the Leave of Absence? Spring (January) Summer (May) Fall (September) Year _____

6 Select your reason for the Leave of Absence Request *(select all that apply)*
 Illness / Maternity Personal / Financial Research
 USMLE Exam Military Other _____
If Other Reasons Please Explain

INSTRUCTIONS

The Leave of Absence must be submitted to the Dean’s Office at least 2 weeks prior to the start of the proposed leave of absence and be approved by the appropriate Dean. The decision on the request will be communicated to the student within 10 business days. Students should not take more than 4 months Leave of Absence to prepare for each Step (I and II) of the USMLE exam. Please note that taking prolonged breaks may be considered negative at the time of residency application.

- For unapproved leave of more than 30 days student will be dismissed from the University.
- Students not returning from the approved LOA will be automatically considered Withdrawn.
- CMU reserves the right to change criteria for Leave of Absence Requests as outlined in the Student Handbook.
- By signing below I confirm my understanding of the provisions listed on this request.

Student’s Signature: _____

Date: ____ / ____ / _____