

# LEAVE OF ABSENCE REQUEST FORM

## American Global University

Campus: WTC Piscadera Bay, Curacao, Netherlands Antilles • Phone: (5999) 463-6105 • Fax (5999) 463-6405

U.S. Office: 5600 N River Road Suite 800 • Chicago, Illinois 60018 United States

Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: admissions@agumed.org • Web: http://www.agumed.org

**This form is to be used if:**

1. Student is currently registered in a program and dropping all AGU 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*As appears on ID card*

Current Enrollment:

*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- Students not returning from the approved LOA will be automatically considered Withdrawn.
- AGU 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_