

LEAVE OF ABSENCE REQUEST FORM

Caribbean Medical University

Campus: : Pater Euwensweg 25, Curacao • Phone: (5999) 461-5668

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Phone: (888) 877-4268 • Fax: (224) 499-7454 • Email: students@cmumed.org • Web: <http://www.cmumed.org>

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

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 1 semester, student will be dismissed from the University.
- CMU reserves the right to change criteria for Leave of Absence Requests as outlined in the Student Handbook.
- LOA submitted after beginning of a semester, does not waive an invoice for that semester but only extends its due date.
- By signing below I confirm my understanding of the provisions listed on this request.

Student's Signature: _____

Date: ____ / ____ / ____