

# LEAVE OF ABSENCE REQUEST FORM

## Caribbean Medical University

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

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

Phone: (888) 877-4268 • Fax: (224) 499-7454 • Email: [students@cmumed.org](mailto: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.

7 AUTHORIZATION: I am a student of Caribbean Medical University and I wish to request a leave of absence for one (1) semester.

I have read and understand the aforementioned instructions. I fully acknowledge that my leave of absence will only be official upon approval of this Leave of Absence Form, duly filled and submitted along with a \$550 fee.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_