ARUBA XAVIER UNIVERSITY
XUSOM
SCHOOL OF MEDICINE

Leave of Absence Request Form

*Start Date for Leave: / / *Date to resume studies: / / ___

Student Data

Student Name: _____ _____ _____
Last *First* *M.I.*

Student ID: *SSN/ SSI* _____ *Student 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): _____

LOAs requested for Step Prep must be accompanied by registered date confirmation.

XUSOM guidelines for Leave of Absence:

This application must be signed by the Dean of Clinical Sciences 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 XUSOM.

If considered Dismissed from XUSOM, you become legally obligated to begin repayment of any Student Loans.

Clinical students are to complete their rotation before taking a leave of absence.

For this request to be considered student 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 ☐

_____ _____ _____
Reason for Decline **Clinical Dean's Signature** **Date**