



A R U B A
XAVIER UNIVERSITY
X U S O M
S C H O O L O F M E D I C I N E

Pre-Medical and Basic Science 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):

- Financial Hardship
- Individual / Family
- Medical
- Other (explain): _____

XUSOM guidelines for Leave of Absence:

*This application must be signed by the appropriate Campus Dean 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.
 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 Xavier University Administration Use Only

Status	ACCEPTED	DECLINED	
of	<input type="checkbox"/>	<input type="checkbox"/>	
Request			<i>Campus Dean's Signature</i>
	<i>Reason for Decline</i>		<i>Date</i>