

**CAMPUS OFFICE**  
 Post Box #615  
 Gable Woods South  
 Vieux Fort, St. Lucia  
 Tel. 1.758.454.3424  
 Fax. 1.758.454.3425  
 www.iau.edu.lc



**REGISTRARS OFFICE**  
 5999 Summerside Drive  
 Suite 220, Dallas, TX 75252  
 Toll Free 1.888.440.4474  
 Tel. 972.484.9700  
 Fax 972.733-4176  
 www.iau.edu.lc

## INTERNATIONAL AMERICAN UNIVERSITY COLLEGE OF MEDICINE

### Leave of Absence Request Form

**LEAVE OF ABSENCE INFORMATION & CRITERIA**

- Requests for LOA must be made in writing.
- Student must be in good standing and making satisfactory progress towards degree.
- Students may submit a leave of absence one week prior to the LOA and request for a maximum of two semesters.
- Compelling reasons for LOA include financial hardship; personal illness or injury which affects ability to study; illness or injury of a dependent or family member; to study for the United States Medical Licensing Examination.
- Students who take an unauthorized leave of absence may have to apply for re-admission.
- Students who wish to take a leave of absence for a period longer than two semesters may have to apply for re-admission to the College.
- Short breaks due to scheduling constraints may occur between clinical clerkships. Such breaks, if not exceeding four weeks have no impact on the student's enrollment status and do not require a LOA.
- Paid tuition may be deferred to the following semester, but will **not** be refunded.

Student Last Name		First	Middle	Student ID Number	
Permanent Address		City	State	Zip Code	Country
Primary Telephone # (      )		Please indicate type <input type="checkbox"/> HOME <input type="checkbox"/> CELLULAR		Email Address	
Current Semester	Expected Graduation Date	<b>LOA</b> from the following Semesters <input type="checkbox"/> Spring    ____/____/____ <input type="checkbox"/> Summer    ____/____/____ <input type="checkbox"/> Fall        ____/____/____		<b>RETURNING</b> to school for the following semester <input type="checkbox"/> Spring    ____/____/____ <input type="checkbox"/> Summer    ____/____/____ <input type="checkbox"/> Fall        ____/____/____	
LOA Reason <i>(Please attach additional pages if more space is needed)</i>					
<b>Student Signature</b>				<b>Date</b>	
<b>❖❖❖❖❖ OFFICE USE ONLY (Please do not write in this space) ❖❖❖❖❖</b>					
<b>❖❖❖❖❖ OFFICE USE ONLY (Please do not write in this space) ❖❖❖❖❖</b>					
Date Received: /  /		Time Received: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Financial Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> NO (if No, please state \$ Owed: \$ _____)	
By:				Effective Date of Leave of Absence: /  /	
Results communicated to student by:			Date: /  /	Via:	