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**INTERNATIONAL AMERICAN UNIVERSITY
 COLLEGE OF MEDICINE**

Leave of Absence Request Form

LEAVE OF ABSENCE INFORMATION & CRITERIA

- Requests for LOA must be made in writing.
- Students may submit a leave of absence one week prior to the LOA and request for a maximum of one semester.
- Student must be in good standing and making satisfactory progress towards degree.
- Compelling reasons for LOA are 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 one semester may have to apply for re-admission to the College.

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		
Program Requesting LOA from <input type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science		LOA from the following Semesters (Please indicate date next to semester) <input type="checkbox"/> Spring ____/____/____ <input type="checkbox"/> Summer ____/____/____ <input type="checkbox"/> Fall ____/____/____			RETURNING to school for the following semester <input type="checkbox"/> Spring ____/____/____ <input type="checkbox"/> Summer ____/____/____ <input type="checkbox"/> Fall ____/____/____		
LOA Reason (Please attach additional pages if more space is needed)							
Student Signature					Date		
❖❖❖❖❖ OFFICE USE ONLY (Please do not write in this space) ❖❖❖❖❖							
Date Received / /		Time Received <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		By			
Student's Current GPA	Credits Completed	Credits to be completed		<input type="checkbox"/> LOA Approved <input type="checkbox"/> LOA Denied on date ____/____/____			
LOA Granted for the following program <input type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science		LOA from school <input type="checkbox"/> Spring ____/____/____ <input type="checkbox"/> Summer ____/____/____ <input type="checkbox"/> Fall ____/____/____			RETURNING back to school <input type="checkbox"/> Spring ____/____/____ <input type="checkbox"/> Summer ____/____/____ <input type="checkbox"/> Fall ____/____/____		
Remarks							
Signature of IAU Official:					Date:		
Results communicated to student by:				Date: / /	Via:		