



## Request for Leave of Absence

The following student has requested and been granted a formal Leave of Absence from his/her medical education at SABA University School of Medicine. Any extended break from either Basic Science or Clinical Medicine programs is reported and verified by the appropriate Dean. These absences are approved and noted in the permanent record.

**STUDENT NAME** \_\_\_\_\_

**BASIC SCIENCES ONLY - DATE LAST ATTENDED** \_\_\_\_\_

**DATE OF LOA** \_\_\_\_\_ **TO** \_\_\_\_\_

**REASON:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Approval Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Title* \_\_\_\_\_