



Leave of Absence

A request for a Leave of Absence may be granted for medical, personal, financial or academic reasons during either the Basic Sciences semesters or Clinical Rotations. Use this form to obtain a Leave of Absence.

Leaves During the Basic Sciences Semesters

Emergency leaves for a short period of time may be granted in cases of a serious illness or death in the family within 24 hours of written notification by the Dean of Basic Sciences or Dean of Clinical Medicine. Students are required to give advanced written notification and must assume responsibility to complete course or clinical rotation requirements upon returning. Time missed during basic science studies will be counted as part of the 90% class attendance requirement.

The maximum time granted for a Leave of Absence in the Basic Sciences is one academic semester (16 weeks). For students who are receiving financial aid, notification will be submitted for an approved Leave of Absence. Students who neglect to return to the program at the end of the Leave of Absence, or who neglect to apply for an extension, are subject to administrative withdrawal from Saba University.

Leaves During Clinical Rotations

Clinical medicine students who wish to take more than 30 days off during their third and fourth year clerkships must request written permission in advance to the Dean of Clinical Medicine. Students must specify dates and the reason for the request. Students who fail to request a Leave of Absence may be subject to immediate administrative withdrawal. The Office of Clinical Medicine, the preceptor and the hospital's Office of Medical Education, must be notified immediately if a student has an emergency requiring absence from a rotation. All time missed during a rotation must be made up to the satisfaction of the hospital Director of Medical Education or the preceptor.



SABA University School of Medicine
R3 Education Inc.
27 Jackson Road, Suite 301
Devens, MA 01434
U.S. Fax: 978-862-9699 - Campus Fax: 599-416-3458

LEAVE OF ABSENCE FORM

Any extended break from either Basic Science or Clinical Medicine programs is reported and verified by the appropriate Dean. Approved leave of absences are noted in the student's permanent record.

Student Name: _____
Last First

Basic Sciences Only - Last date attended class _____

Leave of Absence Date: mm____/dd____/yy____ to mm____/dd____/yy____

Estimated Graduation Date: _____

Are you receiving Financial Aid? YES NO

REASON:

ACADEMIC * FINANCIAL * MEDICAL * PERSONAL * OTHER *

*EXPLAIN: _____

Student Signature: _____ Date _____

Approval Signature: _____ Date _____

Title: _____

Students must complete and return form by fax to their respective Dean's Office.

Office Use Only

Effective Date: _____ Return Date: _____ Initials _____