



## Brown MD/PhD Time Away Form

Please complete this form online, print and sign at the bottom. Email the completed form to the [Associate Dean for Student Affairs](#).

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Current MD Class: \_\_\_\_\_ Anticipated MD Class: \_\_\_\_\_ MD Start Date (Year): Fall \_\_\_\_\_

### Contact information while away from medical school:

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Requested Dates of Time Away

*Please note: Time away must coincide with start and end date of a semester.*

Years 1 and 2, Fall semester runs from August-December; Spring Semester runs from January-May

Years 3 and 4, Fall semester runs from May-October; Spring semester runs from November-April

PhD Starts:  Fall Semester  Spring Semester of \_\_\_\_\_ (Enter the year – YYYY):

In the space below, please provide a brief description requiring time away from medical school. (Attach supporting documentation, if necessary).

Please complete the information below and attach the following two documents to this request:

- Letter of acceptance into the degree granting program
- Confirmation of your acceptance of the offer of admission

Name of Program: \_\_\_\_\_

Department: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

**Please read the following carefully before signing and submitting your form:**

**I understand and agree to the following:**

Any changes in start or end dates must be communicated to [AMS-records@Brown.edu](mailto:AMS-records@Brown.edu) in writing 30 days prior to the expiration of my time away. I agree to check my Brown Gmail account regularly and respond to requests for information about my time away status in a timely manner. I understand that I will be required to be in compliance and up-to-date with immunizations at AMS while in the PhD program.

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**Student Signature**

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**Date**

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**Associate Dean for Student Affairs Signature**

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**Date**

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**Director of Financial Aid Signature**

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**Date**

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**Senior Associate Dean for Medical Education Signature**

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**Date**

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**Assistant Director of Academic Records**

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**Date**