



### Leave of Absence (LOA) Application Form

Please complete this form online, print and sign at the bottom. Email the completed form to [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

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

Length of LOA:  One Semester  Two Semesters

#### Reason for Leave of Absence Request (Choose one):

Academic reasons

Personal reasons

Financial reasons

Enrolling in a degree-granting program

Medical reasons

Studying for USMLE

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

If enrolling in another degree-granting program, 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: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Type of degree: \_\_\_\_\_

**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.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Associate Dean for Student Affairs Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Financial Aid Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Senior Associate Dean for Medical Education Signature**

\_\_\_\_\_  
**Date**