



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 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

Assistant Director of Academic Records

Date