



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 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