



Request for Leave of Absence Application (LOA)

Name: _____ Student ID# _____
(Last, First, MI)

Address _____
(Street) (Apt. #) (City) (State) (Zip Code)

Telephone No: () _____ Email Address: _____

Reason I am applying for an LOA:

Dates _____

Other (Explain) _____

Course Registered:

Semester I

- ☐ Eng. Comp. I
- ☐ Intro. Bio I (w/lab)
- ☐ Gen. Chem. I (w/lab)
- ☐ Pre-Calculus

Semester II

- ☐ Eng. Composition II
- ☐ Intro. Biology II (w/lab)
- ☐ General Chem. II (w/lab)
- ☐ Calculus I
- ☐ Bridge to Pre-Med

Semester III

- ☐ Cell Biology
- ☐ Intro. to Physics I (w/lab)
- ☐ Organic Chem. I (w/lab)
- ☐ Psychology
- ☐ BSEP

Semester IV

- ☐ Anatomy & Physiology
- ☐ Intro. to Physics II (w/lab)
- ☐ Organic Chem. II (w/lab)
- ☐ Microbiology/Genetics
- ☐ Other

I am applying for an LOA starting on _____
(Last Day of Full-time Attendance)

I understand that this requested LOA ends on _____

The Emergency Leave of Absence may have an impact on your grades. Please review your Student Handbook which is available on the library website <http://students.auamed.net/library>.

Signature _____

Date _____

FOR OFFICE USE ONLY

Dean of AICASA: _____ Date: _____

Registrar's Signature: _____ Date: _____

Status changed on: _____

Cc: Bursar: Financial Aid:

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St. John's, Antigua West Indies
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Website: www.auamed.org