

APPLICATION FOR LEAVE OF ABSENCE

Belize Campus: Sea Star Drive, ♦ San Pedro Town, Ambergris Caye, Belize ♦ Phone: +501.226.2682

MAIL COMPLETED APPLICATION TO: 6956 E. Broad Street, Suite 400 ♦ Columbus, OH 43213

Phone: +866.966.9843 / WhatsApp: +440.732.5451 ♦ Fax: +614.340.4688 ♦ Email admissions@wuhs.edu.bz



Washington University of Health and Science

WUHS

STUDENT INFORMATION

1 Full Legal Name:

Last/Family Name/Surname

First/Given/Personal

Middle

2 Student ID Number:

As appears on ID card

Current Enrollment:

Program – Semester (ie.: MD1)

3 Address:

Number and street or rural route

Apt. No.

Area Code

Phone Number

City or Town

State

Country

Zip Code

REQUEST INFORMATION

4 Begin LOA?: Fall (September) Spring (January) Summer (May) Year **20** Date: _____

5 End LOA?: Fall (September) Spring (January) Summer (May) Year **20** Date: _____

6 Select your reason for the Leave of Absence Request: (select all that apply)

Illness / Maternity Personal / Financial Research USMLE Exam Military

Other _____
please explain (attach additional page if necessary)

INSTRUCTIONS

The Leave of Absence must be submitted to the Dean's Office at least 2 weeks prior to the start of the proposed leave of absence and be approved by the appropriate Dean. The decision on the request will be communicated to the student within 10 business days. Students should not take more than 4 months Leave of Absence to prepare for each Step (I and II) of the USMLE exam. Please note that taking prolonged breaks may be considered negative at the time of residency application and is reported by the University at the time of ECFMG Certification.

- To be considered for LOA - this completed form along with the \$25 USD LOA Request Fee must be submitted for review;
- Approved leave of absence requires a student payment of \$200 per month while on approved leave of absence. LOA does not provide permission to fall behind on tuition and financial obligations. LOA fees will be added monthly to student tuition account during the semester the student has been approved for LOA. Payments must be completed each month to remain in good standing with LOA;
- All financial obligations to WUHS must be in order for the issuance of approval;
- Students not returning from the approved LOA must submit an extension of LOA for approval and/or withdraw from the program;
- WUHS reserves the right to change criteria for Leave of Absence Requests as outlined in the Student Handbook;
- By signing below, I confirm my understanding of the provisions listed on this request.

****Mail completed form to school address or you may also fax form to: +614.340.4688 or email to: admissions@wuhs.edu.bz**

Student Signature: _____

Date: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ DATE REVIEWED: _____

LOA APPROVED**

LOA NOT APPROVED*

* If LOA is not approved, applicant will receive a written communication explaining reason for LOA denial.

** If LOA is approved, applicant will receive an approval notice along with an "Acknowledgment of LOA Conditions" for student signature that will be attached to LOA approval.