



**Request for a Study Period (USMLE, RLRA, NBME, CCSE, Schedule Gap)  
Or  
Leave of Absence (Personal, Medical, Financial)**

Any extended absence (thirty days or more) from either Basic Science or Clinical Medicine education at the Medical University of the Americas requires formal approval and verification from the respective Dean. All such absences are noted in the student's permanent record. Study Periods do not preclude USMLE exam requirements.

Last Name:	
First Name:	
Date:	___/___/201___
Email:	_____@_____
Phone:	

Matriculation Date:	___/___/201___
Completed Basic Sciences:	<input type="checkbox"/> April <input type="checkbox"/> August <input type="checkbox"/> December 201___
Passing USMLE Step I Date:	
Passing USMLE Step I Score:	
Step 1 Attempt:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Step 2 CK Attempt:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Passing USMLE Step 2 CK Score:	
Step 2 CS Attempt:	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Reason for a Study Period</b>		<b>Reason for Leave of Absence</b>	
From: ___/___/201___ To: ___/___/201___ <small>(Month/Day/Year) (Month/Day/Year)</small>		From: ___/___/201___ To: ___/___/201___ <small>(Month/Day/Year) (Month/Day/Year)</small>	
Check		Check	
USMLE Step 1		Financial	
USMLE Step 2		Medical	
RLRA		Personal	
NBME retake		Other	
CCSE			
Other			

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/201\_\_\_

**For MUA Official Use Only**

Approved by The Clinical Department

<b>Study Period</b>		<b>Leave of Absence</b>	
USMLE Step 1		Financial	
USMLE Step 2		Medical	
RLRA		Personal	
NBME retake		Other	
CCSE			
Other			

Date: \_\_\_/\_\_\_/201\_\_\_