



Leave of Absence (LOA) Application Form

Please complete this form online, print and sign at the bottom. Email the completed form to [Roxanne Vrees@brown.edu](mailto:Roxanne.Vrees@brown.edu).

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).

