



Saba University School of Medicine  
c/o R3 Education Inc.  
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## REQUEST FOR A LEAVE OF ABSENCE

Any extended break from either Basic Science or Clinical Medicine programs is reported and verified by the appropriate Dean. Approved leave of absences are noted in the student's permanent record. Maximum time for a Leave of Absence is one semester. At the conclusion of the approved LOA semester, students who neglect to return to the program or do not apply for an extension are subject to Administrative Withdrawal from the University in accordance to the last date of their LOA. The Finance Dept. must approve before Dean or Office of Registrar receives this form.

Student Name: \_\_\_\_\_  
Last First MI

Basic Science Student  Clinical Medicine Student

Leave of Absence Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

Estimated Graduation Date: \_\_\_\_\_

Are you receiving Financial Aid?  YES  NO

Please check one:

ACADEMIC \*  FINANCIAL \*  MEDICAL \*  PERSONAL \*  OTHER \*

\* EXPLAIN DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Finance Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

For Official Use Only:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_