



AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE
UK Campus

TO: Associate Affairs, UK Campus

FROM: _____
Name (please print) Student ID

I am requesting an Excused Absence from the AUC's SXM Campus for the period specified. I understand that my request must meet one or more of the "qualifying events" detailed in the Excused Absence Policy found in the Student Handbook, and that I must submit this form along with supporting documentation **within 72 hours of the initiation of the absence** as detailed in the Excused Absence Policy.

I understand that for the discipline-based curriculum, the cumulative days of absence may not exceed **15 total days** (including weekends). For the organ systems-based curriculum, the cumulative days absent from Semester 1 may not exceed **10 semester days**; cumulative days absent from an 8-week module in other semesters may not exceed **5 semester days**. If the cumulative absence exceeds these maximums, the student must withdraw from the course and request a Leave of Absence (see form found in the Student Handbook).

If my request is approved, I understand that I must coordinate all miss activities with a module co-director and that I must make up any missed exams on the make-up date listed in the Master Academic calendar. I understand that there are no make-up of missed make-up exams under any circumstances. If I **do not** return by the date specified below, I will be considered AWOL and may be administratively withdrawn from AUC.

From _____ to _____
mm / dd / yyyy mm / dd / yyyy

Reason for absence: _____

Module: _____

Will you miss any exams or mandatory activities? ____ Yes ____ No

If yes, you must specify: Exam/Activity: _____
Exam/Activity: _____
Exam/Activity: _____
Exam/Activity: _____

Student Signature _____ **Date** _____

Submit this form to the the Associate Dean, Academic Affairs via this email:
aginty@aucmed.edu

APPROVED: _____ **Date:** _____ **Schedule for make-up exam:** ____ Yes ____ No