

**UNIVERSITY OF SINT EUSTATIUS  
SCHOOL OF MEDICINE**



**LEAVE OF ABSENCE FORM**

**(All study time for both Step I & Step II)**

Student Name: \_\_\_\_\_

Completion of Basic Sciences Date: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

USMLE Step I Study Dates: from \_\_\_\_\_ to \_\_\_\_\_

USMLE Step II Study Dates: from \_\_\_\_\_ to \_\_\_\_\_

Personal Reasons: (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please complete and return by either, mail, fax or email to:

Ronya Bracey

Director of Clinical and Credential Services

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