ACADEMIC LEAVE OF ABSENCE REQUEST

For medical leave - please use Medical Leave of Absence Request Form

Students should complete this form when requesting an academic leave of absence from the School of Medicine for one or two semesters and return it, with supporting documentation, to the Registrar at DGSOM Registrar or in person at Geffen Hall, Suite 200, for the Associate Dean’s approval. Retroactive leaves are not granted.

1. This form must be accompanied with a copy of supporting documentation (e.g., copy of research/Master’s program acceptance letter).
2. All leaves of absences must ultimately be approved by CASPP.
3. A student may be granted a leave of absence for one year with possible extension for one additional year.
4. If you need to extend this leave beyond a year, a Leave of Absence Extension Request form must be submitted.
5. All leaves will be for a specified period of time (one or two semesters).
6. Please update your contact information during your leave if applicable (current mailing address and phone number) at MyUCLA.

Note: Students requesting an academic leave of absence should first determine the impact, if any, on insurance coverage, registration, financial aid awards/scholarships, loan and repayments. If you receive financial aid and/or scholarship(s), it is your responsibility to meet with your financial aid counselor(s) to discuss how your leave affects your current financial aid eligibility. Please refer to the Financial Aid SAP Policies.

First & Last name (printed clearly): ________________________________________________________________

Student UID#: _________________________________  Current phone number: __________________________________

Program Affiliation:

☐ DREW/UCLA  ☐ UCLA  ☐ UCR/UCLA  ☐ UCLA/MSTP
☐ DREW/PRIME  ☐ UCLA/PRIME  ☐ UCR/PRIME  ☐ DDS

Current Class Level:

☐ 1st Year  ☐ 2nd Year  ☐ 3rd Year  ☐ 4th Year

Request leave beginning (Month, Day & Year): _____________________ Anticipated return date: (Month & Year): _____________________

I have considered all academic and financial ramifications of my request, effective on the date I have requested.

Student Signature: ___________________________________________  Date: ______________________

Educational

☐ MSTP  ☐ MD/MBA  ☐ MD/MPH  ☐ MD/MPP  ☐ DLHSS
☐ Pursuit of a degree at another institution (e.g. Ph.D., J.D., MBA, MPH, etc.)

☐ Other: ____________________________

Research

☐ Research  ☐ Doris Duke  ☐ HHMI  ☐ NIH  ☐ SAPHIR

Other: ____________________________________________

☐ Approved: ____________________________________________

☐ Hold (Pending the following): ____________________________

☐ Denied (Reasons): _____________________________________

Linda Baum, M.D., Ph.D., Associate Dean

Effective leave start date: ________________________________ Anticipated return date: ________________________________

Return as a: ☐ 1st Year/ ☐ Repeat  ☐ 2nd Year/ ☐ Repeat  ☐ 3rd Year/ ☐ Repeat  ☐ 4th Year/ ☐ Repeat

Dual Degree _____ Enrollment status _____ Expected Grad Date _____ LOA date memoranda _____ ☐ of Status _____ MyCourses _____

ListServs _____ SRS _____ Student_____ SOM/Housing _____ FAO _____ Main Campus _____

3/2017