LEAVE OF ABSENCE EXTENSION REQUEST

Students should complete this form when requesting a leave of absence extension from the School of Medicine for one or two semesters, and return it to the Registrar at DGSOM Registrar or in person at Geffen Hall, Suite 200, for the Associate Dean’s approval. Retroactive requests will not be granted.

1. A student may be granted a leave of absence (LOA) for one year with possible extension for one additional year.
2. All leaves of absence (LOA) must ultimately be approved by CASPP.
3. All leaves will be for a specified period of time (one or two semesters).
4. Leave of absence extension requests must be submitted three (3) months prior to start of the next semester.
5. Please update your contact information during your leave if applicable (current mailing address, home & cell phone numbers) in the MyUCLA Student Portal.

Although MSTP student leaves are approved for greater than one year, the Leave of Absence Extension Request Form must still be submitted.

Note: Students requesting an extension 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

Please explain reason for requesting an extension:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Request extension 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: ______________________

Office use only

☐ Approved: __________________________________________

☐ Hold (Pending the following): ________________________________

☐ Denied (Reasons): ________________________________________

Date: ____________________________

Lee Miller, M.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 _____ 1/2017

MyCourses _____ ListServs _____ SRS _____ Student _____ SOM/Housing _____ FAO _____ Main Campus _____