MEDICAL LEAVE OF ABSENCE REQUEST

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

1. This form must be accompanied by a letter from your health care provider, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented completion of your coursework, date of anticipated return to curriculum, and the last date you were able to attend class.
2. Contact the Associate Dean for Student Affairs' assistant to schedule an appointment (310-206-1278) to discuss your leave request.
3. All leaves of absences must ultimately be approved by CASPP.
4. A student may be granted a leave of absence for one year with possible extension for one additional year.
5. If you need to extend this leave beyond a year, a Leave of Absence Extension Request form must be submitted.
6. All leaves will be for a specified period of time (one or two semesters).
7. Please update your contact information during your leave if applicable (current mailing address and phone number) at MyUCLA.

Note: Students requesting medical 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: ______________________

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 _____