PERSONAL LEAVE OF ABSENCE REQUEST

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

Students should complete this form when requesting a personal 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 at Geffen Hall, Suite 200 for the Associate Dean’s approval. Retroactive leaves are not granted.

1. Contact the Associate Dean for Student Affairs’ assistant to schedule an appointment (310-206-1278) to discuss your leave request.
2. All leaves of absence 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.

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 ____