REQUEST TO EXTEND LEAVE

A student may be granted a leave of absence (LOA) of one year with possible extension for one additional year. All leaves will be for a specified period of time and must be approved by the Senior Associate Dean for Student Affairs.

*Although MSTP student leaves are approved for greater than one year the Request to Extend Leave Form must still be completed.

First & Last Name (printed clearly): _________________________________ UID: __________________

Current telephone #: ________________________________

Program Affiliation:  □ DREW/UCLA  □ UCLA  □ UCR/UCLA  □ UCLA/MSTP
                     □ DREW/PRIME  □ UCLA/PRIME  □ UCR/PRIME

Will return as a:  □ 1st Year  □ 2nd Year  □ 3rd Year  □ 4th Year

Anticipated return date (Month & Year): ____________________________

Student Signature: ___________________________________ Date: __________________

Option A

Instructions for Requesting Extension of Original Leave

☐ Submit completed Request to Extend Leave Form, AND reason for extension in space provided below, to the Registrar, via email (registrar@mednet.ucla.edu) or fax at (310) 794-9574 six (6) months prior to the start of the next academic year (i.e. your extension request is for the 2014-2015 academic year then the form must be submitted in January 2014).

Reason for extension? __________________________________________________________________________________

Option B

Instructions for Requesting Extension of Leave for Other Reasons

☐ Submit completed Request to Extend Leave Form, AND reason for extension in space provided below, to the Registrar, via email (registrar@mednet.ucla.edu) or fax at (310) 794-9574 six (6) months prior to the start of the next academic year (i.e. your extension request is for the 2014-2015 academic year then the form must be submitted in January 2014).

Reason for extension? __________________________________________________________________________________

Office use only:

☐ Hold — Pending the following: __________________________________________________________________________________

☐ Denied Reason(s): ________________________________________________________________________________________

☐ Approved ____________________________________________ Date: __________________

Neil H. Parker, M.D., Sr. Associate Dean

△ Class of _____ △ of Enrollment Status _____ △ Expected Grad Date _____ △ of Status Entry _____ △ SRS _____

△ ListServ _____ SOM/Housing Notification _____ FAO Notification _____ Main Campus _____ Academic/Clinical File Revised _____