STUDENT CHECKLIST

1. Attach supporting documentation (i.e. copy of program/research acceptance letter. UCLA/MSTP students exempt.
2. Visit the Financial Aid link to learn how your leave could affect your current financial aid eligibility.
3. Update your address and phone number at https://www.medstudent.ucla.edu/chngaddr/ and www.ursa.ucla.edu
4. I understand that should I not fulfill my USMLE requirements, as applicable, my request for a leave is null and void and may result in the changing of my leave to an Administrative Leave.

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

Class Level: □ 1st Year □ 2nd Year □ 3rd Year □ 4th Year

Anticipated leave date (Month, Day & Year): ___________________ Anticipated return date (Month & Year): ___________________

LEAVE CATEGORY

☐ Educational □ MD/MBA □ MD/MPH □ MD/MPP
☐ Other

☐ Research
☐ NIH □ Doris Duke □ HHMI □ Other

☐ Personal (Family Emergency) ☐ Financial
☐ Pursuit of another degree (i.e. Ph.D., J.D., Masters, etc.)

☐ Other __________________________________________

☐ Educational □ Research □ Personal □ Financial □ Other

☐ MD/MBA □ MD/MBA (Concurrent Degree) □ MD/MPH □ MD/MPH (Concurrent Degree) □ MD/MPP □ MD/MPP (Concurrent Degree)

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

Student Signature: ___________________________________________ Date: ___________________

Request to Extend Leave

☐ Requesting to extend original leave request ☐ Requesting an extension of my leave for other reasons (Please attach reason on a separate sheet of paper)

Office use only

☐ Hold – Pending the following: ____________________________________________________________

☐ Denied Reason(s): ____________________________________________________________

☐ Approved __________________________________________________________________________ Date: ___________________

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

Leave Category: ☐ Educational □ Research □ Personal □ Financial □ Other

☐ MD/MBA □ MD/MBA (Concurrent Degree) □ MD/MPH □ MD/MPH (Concurrent Degree) □ MD/MPP □ MD/MPP (Concurrent Degree)

Effective leave start date: ___________________ Expected return date: ___________________

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

Indicate Dual Degree: ______ □ of Enrollment Status: ______ □ Expected Grad Date: ______ □ Start Date: ______ □ Memoranda: ______ □ of Status Entry: ______

☐ ListServ ______ SRS __ SOM/Housing Notification ______ FAO Notification ______ Main Campus ______ Academic/Clinical File Revised ______