REQUEST FOR MEDICAL LEAVE OF ABSENCE (MLOA)

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 the curriculum, and the last date you were able to attend class."

**NOTE:** 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.

First & Last Name (printed clearly): _____________________
Current Telephone #: _____________________

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**STUDENT CHECKLIST**

- Attach a copy of letter from health care provider; ***
- If you receive financial aid it is strongly advised you visit this [Financial Aid](https://www.medstudent.ucla.edu/chngaddr) link to learn how your leave affects your current financial aid eligibility. It is your responsibility to familiarize yourself with the SAP Policy & Leave of Absence & Withdrawals;
- Update your contact information at both: DGSOM [Change of Address Form](https://www.medstudent.ucla.edu/chngaddr) or [https://www.ursa.ucla.edu/];
- I understand that should I not fulfill my USMLE requirements, as applicable, my request for a leave is null and void and may require my return to the curriculum or my leave being changed 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

**Requested leave date** (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.

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Student Signature: __________________________________________ Date: ____________________

Office use only

- Hold – Pending the following: __________________________________________________________

- Denied Reason(s): _________________________________________________________________

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- Approved __________________________ Date: __________________

Effective start date: _________________
**Expected return date:** _________________

**Return as:**
- 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 ____