# RETURN FROM LEAVE OF ABSENCE

## REINSTATEMENT INSTRUCTIONS

- Submit completed Return to Curriculum Request form to the Registrar, via email (DGSOM Registrar), or directly to the SAO in Geffen Hall, Suite 200, in October prior to the calendar year in which you plan to return.
- Please update your contact information, if applicable (current mailing address, home & cell numbers) in the MyUCLA Student Portal.

## First & Last Name (printed clearly):

- First & Last Name (printed clearly): ____________________________

## UID:

- UID: ____________________________

## Current telephone/cell number:

- Current telephone/cell number: ____________________________

## Program Affiliation:

- DREW/UCLA
- UCLA
- UCR/UCLA
- UCLA/MSTP
- DREW/PRIME
- UCLA/PRIME
- UCR/PRIME
- DDS

## Requesting to return as a:

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year

## Requested return date:

- Requested return date: (Month & Year): ____________________________

## Student signature:

- Student signature: ____________________________________________ Date: ____________________

## Returning from the following leave:

- Administrative
- MD/MBA
- NIH
- DHLSS
- MD/MPH
- Personal
- Doris Duke
- MD/MPP
- Pursuit of another degree: ____________________________
- HHMI
- MSTP
- Other: ____________________________

## Office use only

- Approved: ____________________________________________________ Date: ____________________

- Hold (Pending the following): ____________________________________________________________

## Denied (Reasons):

- ____________________________________________________________ Date: ____________________

- Lee Miller, M.D., Associate Dean

## Approved return date:

- Approved return date: ________________________________________

## Return as a:

- 1st Year/ Repeat
- 2nd Year/ Repeat
- 3rd Year/ Repeat
- 4th Year/ Repeat