REINSTATEMENT INSTRUCTIONS

1. Submit this form to the Registrar, via email DGSOM Registrar or directly to the SAO in Suite 200, Geffen Hall two – three (2-3) months prior to the start of your return date (month/year).

2. Include Letter of Clearance form, signed by your health care provider, with completed Return from Medical Leave of Absence Request form.

3. Update your contact information (current mailing address and telephone/cell number) in the MyUCLA Student Portal.

First & Last Name (printed clearly): ________________________________

UID: ________________________________ 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: (Month & Year): ________________________________

Student signature: ________________________________ Date: ________________________________

☐ Approved: ________________________________________________________________

Requirements before returning: __________________________________________________________

☐ Hold (Pending the following): _________________________________________________________

☐ Denied (Reasons): _________________________________________________________________

______________________________  Date: ________________________________

Lee Miller, M.D., Associate Dean

Approved return date: ________________________________

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

Class of ____  Enrollment status ____  Expected Grad Date ____  Return date memoranda ____  Update transcript override ____  △ of Status ____

My Courses ____  ListSers ____  SRS ____  Student ____  SOM/Housing ____  FAO ____  Main Campus ____  NBME ____  10/20/16