

ACADEMIC LEAVE OF ABSENCE REQUEST

For medical leave - please use [Medical Leave of Absence Request Form](#)

LOA Policy/FAQ's

Students should complete this form when requesting an academic leave of absence from the School of Medicine for one or two semesters and return it, with supporting documentation, to the Registrar at [DGSOM Registrar](#). Retroactive leaves are not granted.

1. This form must be accompanied with a copy of supporting documentation (e.g., copy of research/Master's program acceptance letter).
2. All leaves of absence must ultimately be approved by the Committee on Academic Standing Progress and Promotion (CASPP).
3. A student may be granted a leave of absence for one year with possible extension for one additional year.
4. If you need to extend this leave beyond a year, a [Leave of Absence Extension Request](#) form must be submitted.
5. All leaves will be for a specified period of time (one or two semesters).
6. Please update your contact information during your leave if applicable (current mailing address and phone number) at MyUCLA.

Note: Students requesting a personal leave of absence should first determine the impact, if any, on insurance coverage, registration, financial aid awards/scholarships, loan and repayments. If you receive financial aid and/or scholarship(s), it is your responsibility to meet with your financial aid counselor(s) to discuss how your leave affects your current financial aid eligibility. Please refer to the [Financial Aid SAP Policies](#).

First & Last name (printed clearly): _____

Student UID #: _____

Current phone number: _____

Program Affiliation: _____

Current Class Level _____

Leave request for term beginning in Fall 20 **Spring 20** Summer 20 (applicable between 2nd and 3rd year only)

I anticipate returning in Fall 20 **Spring 20** Summer 20 (applicable between 2nd and 3rd year only)

[Academic Calendar link](#)

Signing below I acknowledge I have considered all academic and financial ramifications of my request and reviewed the LOA Policy/FAQ website

Student Signature: _____

Date: _____

Educational

Research

UCLA Articulated or Concurrent Degree:
Pursuit of a degree at another institution (e.g. Ph.D., MBA, MPH, etc.)

Other:

Research Doris Duke HHMI
NIH SAPHIR

Other:

Office use only

Approved: _____

Hold (Pending the following): _____

Denied (Reasons): _____

Date: _____

Associate Dean

Effective leave start date: _____

Anticipated return date: _____

Return as a: