UCLA | **David Geffen School of Medicine**

LEAVE OF ABSENCE EXTENSION REQUEST
LOA Policy/FAQ's

Complete this form to request a leave extension from the School of Medicine for one or two semesters and return it to the Registrar at DGSOM Registrar. Retroactive requests will not be granted.

1. A student may be granted a leave of absence (LOA) for one year with possible extension for one additional year.
2. All leaves of absence (including LOA Extensions) must ultimately be approved by the Committee on Academic Standing Progress and Promotion (CASPP)
3. All leaves will be for a specified period of time (one or two semesters).
4. LOA Extension Requests must be submitted three (3) months prior to start of the next semester
5. Update your contact information (current mailing address, home & cell phone numbers) in the MyUCLA Student Portal.

<mark>Although MSTP student leaves are approved for greater than one year the Leave Extension Request Form must still be submitted annually</mark>

Note: Students requesting an extension 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 and Last Name:

Student UID: Current Phone Number:

Program Affiliation:

Requesting extension of **original leave** (explain reason):

Requesting extension for **other reasons** (explain reason):

Anticipated return for term beginning in the   Fall 20   Spring 20   Summer 20   (applicable between 2nd and 3rd year only)

<mark>Academic Calendar link</mark>

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: _____

<mark>Office use only</mark>

Approved:

Hold (Pending the following):

Denied (Reasons):

_____   Date: _____
    Lee Miller, M.D., Associate Dean

Expected return date: _____

Dual Degree	Enrollment Status		Exp. Grad Date	Memoranda	Change of Status	MyCourses
ListServs	Student	SOM/Housing	FAO	Main Campus	SRS	PSB

11/2020