UCLA David Geffen School of Medicine

MEDICAL LEAVE OF ABSENCE REQUEST
LOA Policy/FAQ's

Students should complete this form when requesting a medical leave of absence from the School of Medicine for one or two semesters, and return it to the Registrar at DGSOM Registrar for approval. Retroactive leaves are not granted.

1. This form must be accompanied by a letter from your health care provider, documenting your need for a medical leave of absence, and the associated dates.
2. Contact the Associate Dean for Student Affairs assistant to schedule an appointment **(310-206-1278)** to discuss your leave request.
3. All leaves of absence must ultimately be approved by the Committee on Academic Standing Progress and Promotion (CASPP).
4. A student may be granted a leave of absence for one year with possible extension for one additional year.
5. If you need to extend this leave beyond a year, a Leave of Absence Extension Request form must be submitted.
6. All leaves will be for a specified period of time (one or two semesters).
7. 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 the	**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:** _____

Office use only

Approved:

Hold (Pending the following):

Denied (Reasons):

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

Effective leave start date: _____   **Anticipated return date:** _____

Return as a:

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