

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 **by uploading to [Box](#)**. Form should be saved as, "Last name, First name LOA".

1. This form must be accompanied with a copy of supporting documentation (e.g., copy of research/Master's program acceptance letter). Upload into Box saved as "Last name, First name SupportingDoc".
2. If you need to extend this leave beyond a year, a [Leave of Absence Extension Request](#) form must be submitted.
3. 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

I anticipate returning in Fall 20 **Spring 20** Summer 20 (

[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

UCLA Articulated or Concurrent Degree:

Pursuit of a degree at another institution (e.g. Ph.D., MBA, MPH, etc.)

Other:

Research

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:

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