

## PERSONAL LEAVE OF ABSENCE REQUEST

**For a medical leave - please use Medical Leave of Absence Request Form**

### LOA Policy/FAQ's

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

1. Contact the Associate Dean for Student Affairs [assistant](#) to schedule an appointment (310-206-1278) to discuss your leave request.
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 the      **Fall 20**                      **Spring 20**                      **Summer 20**                      (applicable between 2<sup>nd</sup> and 3<sup>rd</sup> year only)

I anticipate returning in                      **Fall 20**                      **Spring 20**                      **Summer 20**                      (applicable between 2<sup>nd</sup> and 3<sup>rd</sup> 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
ListSers	Student	SOM/Housing	FAO	Main Campus	SRS
					PSB
					Class of