

TIME OFF FROM CURRICULUM REQUEST FORM

Time off is granted, on a case-by-case basis, for a maximum of six (6) consecutive weeks, or must not exceed 50% of the term after review by the Associate Dean for Student Affairs. Anything greater than six (6) weeks, or 50% of the term may be considered a leave of absence. Complete this form to the Registrar at registrar@mednet.ucla.edu

First & Last Name	UID
Cell Phone	Home Phone (if different than cell)
Program Affiliation	Class Level

DATES REQUESTED FOR TIME OFF

FROM: _____ TO: _____

PRIMARY REASON FOR TIME OFF

Personal Emergency Medical (documentation from health care provider required) Other

PLEASE EXPLAIN (Required field)

 Student Signature

 Date

 Drew Student Affairs Approval Signature

 Date

Office use only

Denied Reason(s) _____

Approved _____

Requirement to Return _____

 Lee Miller, M.D., Associate Dean

Date: _____

Effective start date: _____

Expected return date: _____

Notified SOM _____

Notified FAO _____