MEDICAL LEAVE OF ABSENCE REQUEST

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 or in person to Geffen Hall, Suite 200, for the Associate Dean's 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 Affair’s assistant to schedule an appointment (310-206-1278) to discuss your leave request.
3. All leaves of absences must ultimately be approved by 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.

First & Last name (printed clearly):

Student UID#: _________________________________  Current phone number: __________________________________

Program Affiliation:  
☐ DREW/UCLA  ☐ UCLA  ☐ UCR/UCLA  ☐ UCLA/MSTP
☐ DREW/PRIME  ☐ UCLA/PRIME  ☐ UCR/PRIME  ☐ DDS

Current Class Level:  
☐ 1st Year  ☐ 2nd Year  ☐ 3rd Year  ☐ 4th Year

Request leave beginning (Month, Day, & Year): _____________________  Anticipated return date: (Month & Year): _____________________

I have considered all academic and financial ramifications of my request, effective on the date I have requested.

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: _____________________