

# TIME OFF FROM CURRICULUM REQUEST FORM

Time off is granted, on a case-by-case basis, for a maximum of six (6) consecutive weeks after review by the Associate Dean for Student Affairs. Anything greater than six (6) weeks may be considered a leave of absence. Complete this form to request a leave extension from the School of Medicine for one or two semesters and return it to the Registrar at [registrar@mednet.ucla.edu](mailto: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:** \_\_\_\_\_

Required to attend (if applicable)	Yes	No
SBHC (UCLA Students)		
Longitudinal Preceptorship (UCLA students)		
Longitudinal Primary Care Preceptorship (Drew students)		
Longitudinal Primary Care Research (Drew students)		

Notified SOM \_\_\_\_\_

Notified FAO \_\_\_\_\_