



David Geffen School of Medicine at UCLA
LEAVE OF ABSENCE REQUEST FORM

First & Last Name (printed clearly): _____ UID: _____

Telephone: _____

Instructions for Returning:

- Update your current mailing address and phone # at www.medstudent.ucla.edu and www.ursa.ucla.edu
Submit completed form to the Registrar via email (registrar@mednet.ucla.edu) or fax at (310) 794-9574

Program Affiliation: [] DREW/UCLA [] UCLA [] UCR/UCLA [] UCLA/MSTP

[] DREW/PRIME [] UCLA/PRIME [] UCR/PRIME

I'm currently a: [] 1st Year [] 2nd Year [] 3rd Year [] 4th Year

Anticipated leave date: _____ Anticipated return date (Month & Year) : _____

TYPE OF LEAVE:

Must attach supporting document with this form (i.e. copy of MD/MBA acceptance letter)

- Educational: [] MSTP, [] MD/MPH, [] MD/MBA, [] MD/MPP, [] NIH, [] Doris Duke, [] HHMI, [] Pursuit of another degree (Ph.D., J.D., etc)
Personal (Family Emergency) []
Financial []
Medical (Illness, Maternity) - will require a letter of clearance for return and may require a "Fitness to Return" []
Other _____ []

Please indicate who you counseled with prior to submitting: _____

Student Signature: _____ Date: _____

Request to Extend Leave

- [] Requesting to extend original leave request
[] Requesting an extension of my leave for other reasons (Please attach reason on a separate sheet of paper)

Office use only:

[] Denied Reason(s): _____

[] Approved _____ Date: _____
Neil H. Parker, M.D.

Type of Leave: [] Educational [] Personal [] Financial [] Medical [] Other _____

Effective start date: _____ Expected return date: _____

Return as: [] 1st Year/ [] Repeat [] 2nd Year/ [] Repeat [] 3rd Year/ [] Repeat [] 4th Year/ [] Repeat

Indicate Dual Degree _____ Δ of Enrollment Status _____ Δ Expected Grad Date _____ Start Date- Memoranda _____ Δ of Status Entry _____
Δ ListServ _____ SRS _____ SOM/Housing Notification _____ FAO Notification _____ Main Campus _____ Academic/Clinical File Pulled _____