



David Geffen School of Medicine at UCLA
RETURN FROM LEAVE OF ABSENCE 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

Requesting to return as a: [] 1st Year [] 2nd Year [] 3rd Year [] 4th Year

Requested Date of Return (Month & Year): _____

I'm requesting a return from the following type of leave:

- Educational
[] MSTP [] MD/MPH
[] MD/MBA [] MD/MPP
[] NIH [] Doris Duke
[] HHMI [] Pursuit of another degree (Ph.D., J.D., etc)

The following Leaves will require a meeting with the Dean. The Student Affairs Office will contact you upon receipt of this form.

- Administrative
Personal (Family Emergency)
Financial
Medical (Illness, Maternity) - will require a letter of clearance for return and may require a "Fitness to Return"
Other _____

Student Signature: _____ Date: _____

Office use only:

[] Denied Reason(s): _____

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

Actual Return Date: _____

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

Requirements before returning: _____

Form box containing administrative fields: Class of, Enrollment Status, Expected Grad Date, Return Date, Memoranda, Status Entry/Comments, ListServ, SRS, SOM/Housing Notification, FAO Notification, Main Campus, Academic/Clinical File Returned.