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  
- [ ] MD/MPP  
- [ ] MD/MBA  
- [ ] MSTP
- [ ] 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):__________________________________________________________  Date: _________________

- [ ] 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 _____  
△ of Enrollment Status _____  
△ Expected Grad Date _____  
Start Date- Memoranda _____  
△ of Status Entry _____

△ ListServ _____  
SRS _____  
△ SOM/Housing Notification _____  
FAO Notification _____  
Main Campus _____  
Academic/Clinical File Pulled _____