



REQUEST FOR MEDICAL LEAVE OF ABSENCE (MLOA)

This form must be accompanied by a letter from your health care provider, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented completion of your coursework, date of anticipated return to the curriculum, and the last date you were able to attend class.***

NOTE: A student may be granted a leave of absence (LOA) of one year with possible extension for one additional year. All leaves will be for a specified period of time and must be approved by the Senior Associate Dean for Student Affairs.

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

Current Telephone #: _____

STUDENT CHECKLIST

- Attach a copy of letter from health care provider; ***
• If you receive financial aid it is strongly advised you visit this Financial Aid link to learn how your leave affects your current financial aid eligibility. It is your responsibility to familiarize yourself with the SAP Policy & Leave of Absence & Withdrawals;
• Update your contact information at both: DGSOM Change of Address Form or https://www.medstudent.ucla.edu/chngaddr/ AND Update Address Information or https://www.ursa.ucla.edu/;
• I understand that should I not fulfill my USMLE requirements, as applicable, my request for a leave is null and void and may require my return to the curriculum or my leave being changed to an Administrative Leave

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

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

Class Level: [] 1st Year [] 2nd Year [] 3rd Year [] 4th Year

Requested leave date (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

[] Hold - Pending the following: _____

[] Denied Reason(s): _____

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

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 Revised []