

REQUEST TO EXTEND LEAVE OF ABSENCE

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*): _____ SID _____

Current Telephone #: _____

Will return as a: 1st Year 2nd Year 3rd Year 4th Year

Anticipated Date of Return (Month & Year): _____

Student Signature: _____ Date: _____

INSTRUCTIONS FOR REQUESTING EXTENSION OF ORIGINAL LEAVE OR FOR OTHER REASONS

1. Submit completed Request to Extend Leave of Absence form **AND** the reason for the extension below (or on a separate sheet) to the Office of Students Affairs, via fax at (951) 827-5504 or in person at the School of Medicine Education Building, Room 1682, at least three months prior to the start of instruction.
2. Update your current mailing address and phone number with the Office of Student Affairs and via Growl

Reason for extension _____

Office use only:

Hold – Pending the following: _____

Denied – Reason(s): _____

Approved _____ Date: _____

Senior Associate Dean of Student Affairs
