UC RIVERSIDE | UNIVERSITY OF CALIFORNIA | School of Medicine

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 medical leave of absence (MLOA) is granted for up to one year with the possibility of a one-year extension, granted on a case-by-case basis, after review by the Senior Associate Dean of Student Affairs

Student Name (*Print Clearly*): _____ **SID:** _____

Current Telephone #: _____

STUDENT CHECKLIST

- Attach a copy of letter from health care provider ***
- If you receive financial aid, you must schedule an appointment with the School of Medicine Financial Aid Office to discuss how your leave affects your current financial aid eligibility. It is your responsibility to understand the Satisfactory Academic Progress Policy and its relation to Leaves of Absence and Withdrawals
- Update your contact information with the Office of Student Affairs and via Growl

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.

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

Student Signature: _____ **Date:** _____

Office use only

☐ **Hold –** Pending the following: _____

_____

☐ **Denied –** Reason(s): _____

_____

☐ **Approved** _____ Date: _____
Senior Associate Dean Student Affairs

Effective start date: _____ **Expected return date:** _____

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