

Keck School of Medicine of USC

REQUEST FOR A LEAVE OF ABSENCE

Students on a leave of absence from the MD curriculum are not permitted to hold student leadership/officer positions in the medical school or representing the medical school. This includes, but is not limited to, ASSM, class councils, Graduate Student Government, AAMC Organization of Student Representatives, and student interest groups.

Full Name: _____ Class: _____

Anticipated leave date: _____ Anticipated return date: _____

Telephone: _____

Current mailing address (please also update on MedOASIS) :

Reason for leave *: Dual-Degree Program: MBA MPH PhD
 Health Dean's Research Research Other

Please explain (specify activities to be pursued; planned outcomes, if any):

If pursuing research, name of Faculty Supervisor: _____

Signature: _____ Date: _____

Return to **Mandy Garcia**:
1975 Zonal Avenue, KAM 103
Los Angeles, CA 90089-9020
Fax: (323) 442-2663
mandygar@usc.edu

* Attach supporting documentation (e.g. acceptance letter, letter from treating physician, etc.)

OFFICE USE ONLY:

Approved: _____ Date: _____

Karen Mulloy Restifo, MD, JD, FACEP

Leave start date: _____ Return to curriculum date: _____

Received: _____