

Procedure for Taking a Leave from the UC Davis School of Medicine

There are three types of leaves: Planned Educational Leave Program (PELP); Non-PELP Leave; and Time-Off Leave. You are required to file leave paperwork with the School of Medicine Registrar's Office for any leave of absence.

The **Planned Educational Leave Program (PELP)** allows students to suspend academic work at UC Davis and later resume studies at UC Davis. The minimum PELP leave is one full Quarter. The typical PELP is one full academic year. An application fee is charged. Students on PELP are not eligible to enroll in concurrent courses at the UC Davis campus or earn academic credit at UC Davis during the PELP leave. *(A typical example is a student who takes off a year to pursue research, which is not at UC Davis.)*

The **Non-PELP Leave** allows students to suspend School of Medicine academic work for one or more Quarters, but remain enrolled at UC Davis. *(A typical example is a student who takes time off to pursue a Ph.D. or MPH degree at UC Davis.)*

Time-Off Leave is a leave for less than one Quarter while the student is still enrolled at UC Davis. *(A typical example is a student who takes off a few weeks for illness, maternity, or death of a family member.)*

INSTRUCTIONS/INFORMATION: (please read)

1. Pick up a "UC Davis School of Medicine - Leave Form" from the School of Medicine Registrar's Office, 4610 X Street, Suite 1208, Sacramento, CA 95817 or online at: <http://www.ucdmc.ucdavis.edu/ome/registrar/form.html> and complete.
2. Obtain required signatures for the Leave Form:
 - a. Contact a Dean (Curricular Affairs Dean, Student Affairs Dean) to schedule a meeting. At your meeting, if your leave is approved, have the Dean sign and date Item #1 on the Leave Form.
 - b. Meet with your advisor or College Director to discuss your leave plans. Have the advisor or College Director sign and date Item #2 of the Leave Form.
 - c. If you receive financial aid, you must contact the Financial Aid Office (Education Bldg, Suite 3124) to discuss your leave plans. Lauren Snow, Financial Aid Director, must sign and date Item #3 on the Leave Form (see also #6 below).
 - d. Contact Curricular Services to obtain the appropriate signatures for withdrawal from courses:

▪ 1 st Year:	Susan Gardinor	(4a. signature)
▪ 2 nd Year:	Lina Ibarra	(4b. signature)
▪ 3 rd Year:	Ryan Traynham	(4c. signature)
3. Return the Leave Form to the SOM Registrar's Office (1208 Medical Education Building). If unable to come by in person, please fax to 916/734-2178.

4. **HEALTH INSURANCE:** Students on PELP or Non-PELP may purchase Western Health Advantage (WHA)/Premier Dental coverage. Fill out Item #5 on the Leave Form. If you have questions, contact (916) 734-1838.
5. **LIBRARY PRIVILEGES:** Students on PELP or Non-PELP may retain library privileges by purchasing a library card.
6. **Your Davis computer account:** In order to keep your Davis computer account and Kerberos account active, the SOM Registrar's Office will process a Temporary Affiliate Form (TAF) on-line. You will receive an email and will need to complete your portion of the form in order to keep your computer account active while on a PELP leave.
7. **Your Lotus Notes computer account:** Your Lotus Notes account will remain active while you are on any type of leave.
8. All PELP and Non-PELP leaves shall be effective at the start of a new Quarter. If you are part-way into a Quarter and decide to go on a leave, you may lose your units for that Quarter. The Campus Registrar's Office will automatically drop you from all courses during the Quarter(s) you are on a PELP and this may impact your financial aid eligibility.
9. Contact the School of Medicine Registrar's Office two months prior to your expected return date. Enrollment generally occurs two months prior to the beginning of each Quarter.
10. If you plan to extend your PELP or Non-PELP, you must send a written request at least two months prior to the beginning of the Quarter you were due to return to the School of Medicine Registrar. If you need to extend your Time-Off Leave, please contact the School of Medicine Registrar.
11. Readmission from a PELP or Non-PELP is guaranteed, assuming you resume regular academic work at the agreed-upon date and satisfy any holds that may have been placed on your registration. **Students who do not return at the agreed-upon date and who do not extend their leave in writing to the School of Medicine, Registrar's Office, will be "officially withdrawn" from the UC Davis School of Medicine.**
12. **If you fail to fill out PELP or Non-PELP leave paperwork 10 days after the beginning of the Quarter when you plan to begin your leave and are not enrolled in classes, you will be considered as "officially withdrawn" from the UC Davis, School of Medicine.**
13. **LISTSERVS:** If you have become part of a new class (e.g., you are in the Class of 2009 and after a one-year leave, join the Class of 2010), please notify the appropriate class listserv administrators below in order to receive class email messages for both your current and new class:
 - a. Susan Gardinor – 1st year classes
 - b. Lina Ibarra – 2nd year classes
 - c. Ryan Traynham – 3rd and 4th year classes

If you have any questions about the School of Medicine leave procedure, please call the School of Medicine Registrar's Office at 916-734-4117.

UC Davis School of Medicine Leave Form

Student Name:		Date Submitted:	
Student ID:	Date of Birth:	Phone #:	
Address:	City:	St:	Zip:
Class Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> between 1&2 <input type="checkbox"/> between 2&3 <input type="checkbox"/> between 3&4			

Please have each individual below sign and date after completion of each step:

1. I have met with a Dean regarding my PELP. Name (print): _____

Dean Signature _____ Date _____

2. I have met with my Advisor or College Director. Name (print): _____

Signature _____ Date _____

3. I have met with Lauren Snow, School of Medicine, Financial Aid Office (if you are receiving financial aid).

Signature _____ Date _____

4. Please obtain the appropriate signature for withdrawal from classes/clerkships/electives:

- a. 1st Year Susan Gardinor _____
- b. 2nd Year Lina Ibarra _____
- c. 3rd & 4th Year Ryan Traynhyam _____

5. I have met with a SOM Registrar staff member regarding my WHA/Premier Dental.

Signature _____ Date _____

I plan to be enrolled in WHA/Premier Dental during my PELP or Non-PELP leave.

YES ___ number of dependents Waive out of WHA/Premier Dental (must fill out Waiver form)

There are three types of leaves. Please select the appropriate leave request.

<input type="checkbox"/> PELP Leave - Student is NOT registered at UC Davis Campus. Taking one or more Quarters off.	
While on Leave:	
<input type="checkbox"/> YES , I will access my (snail mail) mailbox	<input type="checkbox"/> NO , I will not access my (snail mail) mailbox
My physical mailing address during leave:	Phone number during leave:
_____	_____

Quarter/year leave starts: _____	Quarter/year to return: _____
(Should be before the start of a new Quarter, unless an emergency situation.)	
Reason (choose one):	
<input type="checkbox"/> Research <input type="checkbox"/> Non-UCD Dual Degree <input type="checkbox"/> Health/Personal <input type="checkbox"/> Financial <input type="checkbox"/> Educational	
<input type="checkbox"/> Academic Remediation <input type="checkbox"/> Special Studies <input type="checkbox"/> CSP <input type="checkbox"/> Other	

Leave (Non-PELP) – Student is still registered at UC Davis. Taking one or more Quarters off.

Quarter/year leave starts: _____ **Quarter/year to return:** _____
(Should be before the start of a new Quarter, unless an emergency situation.)

Reason (choose one): MD/MBA MD/DDS MD/PhD MD/MPH MD/MS
 Educational Research Health/Personal Other

Please contact the School of Medicine Registrar's Office at (916) 734-4117 two months prior to your expected return date to inform us whether you will be returning or extending your leave. This is critical for enrollment purposes.

If you plan to extend your leave, you must send a written request, at least 2 months prior to the beginning of the Quarter you were to return, to the School of Medicine Registrar's Office.

Time-Off – Student is still registered at UC Davis. Taking less than one Quarter off.

Date Time-Off starts: _____ **Date of return:** _____

Reason (choose one):

Health Personal Bereavement Educational Maternity CSP Other

If you do not return at the designated time and have not filed for an extension and notified the School of Medicine Registrar's Office in writing, you will be considered officially withdrawn from the UC Davis School of Medicine.

**Please mail or fax completed form to: University of California, Davis
School of Medicine
Registrar's Office
4610 X Street, Suite 1208
Sacramento, CA 95817
Fax: (916) 734-2178**

Signature: _____ **Date you stopped/will stop attending class:** _____

SOM Registrar Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____

Date noted on SOMSIS: _____

Date notified UCD Registrar's Office (PELP): _____

Process email proxy (PELP): _____

Date noted on AAMC-SRS: _____

Entered in leave log: _____

Date signed copy mailed to student: _____