UCSF School of Dentistry

# Written Support Plan
# Leave of Absence Return to Study
*(Absences one quarter or more)*

**Section 1**

Student Information:

| | | | |
|---|---|---|---|
| **First Name** | | **Last Name** | |
| **Class** | | **Current Level** | |
| **Current Quarter** | | **Reason for Absence:** | |
| **Expected Start Date of Absence** | | **Expected Return Date** | |

| **Special Circumstances Requiring Extended Leave** |
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**Section 2**

Quarters and Courses Impacted (if multiple quarters, complete for each quarter):

| **Quarter** | **Course** | **Course Title** | **Course Director** |
|---|---|---|---|
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SAMPLE

**Section 2**
To be completed by the Associate Dean for Education and Student Affairs

Repeat Year
Yes ☐

No ☐

If yes, year of re-entry

Repeat Course(s) during following academic year (please complete Section 3 below):
Yes ☐

No ☐

SAMPLE

**Section 3**
Action Plan to repeat courses (Option 1 repeat the quarter, option 2 Formal Guidance Plan)

| Course | Course Director |
|---|---|
| | |
| **Course** | **Course Director** |
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|---|---|
| **Course** | **Course Director** |
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| **Course** | **Course Director** |
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| **Course** | **Course Director** |
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| **Course** | **Course Director** |
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SAMPLE

**Section 5**

Rotations and Externship

Rotations Impacted

Yes ☐

No ☐

Externship Missed

Yes ☐

No ☐

**Section 6**

Clinic Make-up Plan

| **If 3rd/4th year, insert clinical re-entry plan from Clinic Director** |
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By signing below:

- I attest that I have read, understood, and acknowledge all of the statements and responsibilities of the Written Support Plan for Short Term Absence.
- Please click on the following link to sign electronically: Student Signature

***MUST SIGN ELECTRONICALLY***

Signature Date

Student's Name

| Signature | Date | Signature | Date |
|---|---|---|---|
| Sara Hughes MBE., EdD, MA, BSc, PFHEA, NTFHEA, IHPE<br>Associate Dean for Education and Student Affairs | | Mark Kirkland, DDS<br>Associate Dean of Clinical Affairs (for 3rd/4th year students) | |

SAMPLE

**Learner Success Center Use Only**

| | |
|---|---|
| **Date of Approval** | **Date:** |
| **Copy of Approved Plan sent to Following** | ☐Associate Dean of Education and Student Affairs<br>☐Course Directors<br>☐LSC Curriculum Support<br>☐LSC Assessment Manager<br>☐Director of Student Affairs |
| **Additional Notification for 3rd/4th Year** | ☐ CIT Axiom Coordinator-Lynn Tomioka<br>☐ Clinic Coordinator-Janis Williams<br>☐ Associate Dean of Clinical Affairs-Dean Mark Kirkland<br>☐ Clinic Directors: Dr. Biana Roykh, Dr. Sean Mong, Dr. Lloyd Harris |
| **Student Tasks Completed** | ☐ Financial Aid Consultation<br>☐ Registrar Leave of Absence Petition<br>☐ International Students and Scholars Office (if applicable)<br>☐ Application for Readmission<br>☐ Statement of Legal Residence |

## Notes

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SAMPLE