



# ALHAMBRA MEDICAL UNIVERSITY

Mailing Address: 55 S. Raymond Ave Suite 105 Alhambra, CA 91801  
Administration Office: 2215 West Mission Rd., Suite 280, Alhambra, CA 91803  
Tel: (626) 289 – 7719, Fax: (626) 289-8641

## Leave of Absence

Student must obtain appropriate approvals no later than two weeks before the end of the quarter.

\_\_\_\_\_  
Last Name                      First Name                      MI                      Student ID Number

\_\_\_\_\_  
Email Address                      Telephone Number

\_\_\_\_\_  
Number                      Street                      Apt. #

\_\_\_\_\_  
City                      State                      Zip Code

Quarter/Year leaves from AMU: \_\_\_\_\_

Quarter/Year returns to AMU: \_\_\_\_\_

Are you filing this petition to extend a previously approved leave? (select one)                      Yes                      No

Reasons for leave: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature                      Today's Date

### For Office Use Only

\_\_\_\_\_  
Academic Dean Signature                      Date                      (circle one) *Approve*                      *Disapprove*

\_\_\_\_\_  
Registrar Signature                      Date                      (circle one) *Approve*                      *Disapprove*