



ALHAMBRA
Medical University
School of Acupuncture and Oriental Medicine

Mailing Address: 55 South Raymond Ave. Suite 105, Alhambra, CA 91801
Admission Office: 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
_____			_____
Address			Telephone Number
_____		_____	_____
City and State		Zip Code	Email Address

Quarter and year you will return to AMU _____

Are you filing this petition to extend a previously approved leave? _____

My activities during my leave of absence will contribute to my educational objectives as stated:

Student's Signature Today's Date

For Office Use Only

Academic Dean Signature _____ Date (circle one) *Approve* *Disapprove*

Registrar Signature _____ Date (circle one) *Approve* *Disapprove*

Comments: _____
