



Anaheim Main Campus: 1126 N. Brookhurst St., Anaheim, CA 92801-1701
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Los Angeles Campus: 2727 W. 6th St., Los Angeles, CA 90057-3139
Tel: 213-738-0712 Fax: 213-480-1332

Medical Leave Of Absence Request Form - International Students

International students must maintain full-time enrollment each term. Full-time enrollment requires at least 12 credits per term for the MSAOM program and at least 8 units per term for DAOM program.

If you are not able to comply with that requirement due to a temporary illness or medical condition, you must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or a licensed clinical psychologist. After you have provided that documentation, the International Student Advisor will notify SEVIS of the situation and thus authorize you to attend less classes for the quarter indicated.

You must provide the documentation within 7 days of the occurrence of your condition.

Student Name: _____ **Student ID#:** _____
Last First Middle

Email: _____ **Phone:** _____ **Program:** MSAOM DAOM

REQUIRED DOCUMENTATION: You must attach a letter from your health care provider addressed to the South Baylo University with this request. The letter must be printed on the health care provider's letterhead and include the following:

- Health care provider's (licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist) specific recommendation that you reduce course load or withdraw from all courses due to your current medical condition.
- Duration of time, including a beginning and end date, that your health care provider advises a reduced course load or suspended study.
- Credit hours recommended for the current quarter.

Note: Medical leave is only allowed for a total of 12 months per program level.

I certify the above information is accurate to the best of my knowledge. I am aware that I must provide documentation to support my request and it is my responsibility to meet with the International Student Advisor.

Student's Signature

_____/_____/_____
Date

OFFICE USE ONLY

Start Date of Leave of Absence: ____/____/____ Return Date: ____/____/____

Approved by: _____
International Student Advisor's Signature

_____/_____/_____
Date

Approved by: _____
Academic Dean's Signature

_____/_____/_____
Date