

**ANAHEIM UNIVERSITY  
PETITION FOR MEDICAL LEAVE OF ABSENCE**

Student # \_\_\_\_\_

I, \_\_\_\_\_, would like to petition for a medical leave of absence from the  
(Print name)  
\_\_\_\_\_ program at Anaheim University in which I am currently enrolled.

**To be completed by student prior to submitting to the physician**

Have you ever applied for any form of medical leave of absence from this university in the past?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, how many times, for how long, and when? \_\_\_\_\_

What is the starting date of the term for which this petition applies? \_\_\_\_\_

What is the course number & name for which this petition applies? \_\_\_\_\_

From what date does your proposed leave of absence begin? \_\_\_\_\_

**Note:** The Petition for Medical Leave form must be submitted within 30 days from the start of the course for which the medical leave is being applied. The maximum period of a leave of absence is one (1) term per leave. Students may apply for a maximum of four (4) leaves of absence for medical reasons throughout their degree program, and students in non-degree programs may apply for a maximum of one (1) leave of absence for medical reasons. Each leave of absence equals one (1) term and requires a separate petition which must be approved by the University's administration. Only students in good academic and financial standing will be considered for approval of leave. Medical issues requiring more than four (4) leaves of absence must be approved in writing by the university's administration.

I hereby authorize \_\_\_\_\_ and/or \_\_\_\_\_  
(Doctor's name) (Hospital, clinic or medical facility)

to release/disclose within this form information about what tasks I will not be able to perform due to health reasons that are temporarily preventing me from pursuing my university studies. I hereby promise that all of the information provided in this form is true and correct. I understand that any falsification or misinformation provided in this form may be grounds for immediate dismissal.

The term for which I am petitioning for a leave of absence is a:

\_\_\_\_\_ 6-week online term. Start date: \_\_\_\_\_

\_\_\_\_\_ 9-week online term. Start date \_\_\_\_\_

\_\_\_\_\_ 15-week online term. Start date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be completed by attending Physician**

1)

\_\_\_\_\_ I speak and read English and understand all of the information in this form.

OR

\_\_\_\_\_ I am not fluent in English and require a translation in the \_\_\_\_\_ language.

**Note:** all translations must be notarized by a notary public and attached to the original English form. Translations in foreign languages that are not notarized will not be accepted.

2) I hereby certify that I have provided health care services to:

\_\_\_\_\_, since \_\_\_\_\_.  
(Name) (Date)

I am completing this form to assist the university in assessing what special consideration, if any, should be given to the individual named above with respect to a medical leave of absence. I am aware that the student is enrolled in a distance learning/online academic program of study and does not attend regular on-campus classes.

3) Does the nature of the patient's illness or health problem prevent them from carrying out their online studies? \_\_\_\_\_ Yes \_\_\_\_\_ No

4) Is the patient receiving treatment that may prevent the patient from concentrating on his/her studies? \_\_\_\_\_ Yes \_\_\_\_\_ No

5) In your professional opinion, how does the patient's health situation adversely affect the patient's ability to pursue his or her online studies? Please check the appropriate boxes below:

Patient's health condition prevents him or her from:

- \_\_\_\_\_ Reading
- \_\_\_\_\_ Typing
- \_\_\_\_\_ Attending online classes
- \_\_\_\_\_ Concentrating for extended periods of time

6) In your opinion, what period of medical leave away from the patient's online studies should be granted?

- \_\_\_\_\_ 15-day extension on assignment submissions
- \_\_\_\_\_ 30-day extension on assignment submissions
- \_\_\_\_\_ 1 full-term leave of absence (Online course terms are between 6 and 15 weeks. The student has marked the term length on Page 1)

\_\_\_\_\_  
Physician's Name (Please print).

\_\_\_\_\_  
Physician's signature authorizing the above is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

Address (Stamp or business card acceptable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Please retain a copy for the patient's file/chart.

**For University Administrative Use Only:**

	Office of Academic Affairs	Office of the Registrar	Office of Financial Affairs	Office of the President
<b>Approved by:</b>				
<b>Rejected by:</b> <b>Reason:</b>				