Leave of Absence Application

Name: _____ **Student ID:** _____

Email: _____ **Phone Number:** _____

Degree Program: □ MAcHM (Master's program) □ DAcHM (Doctorate program)

Please refer to the Catalog and Student Handbook "Leave of Absence" section for details.

[A] I am requesting a leave of absence for following quarter:

□ Winter □ Spring □ Summer □ Fall Year: _____

[B] Please indicate the date of your return to the program: _____

[C] Please indicate your status:

□ F-1 □ Non F-1 □ On Financial Aid □ Non Financial Aid

[D] Please provide your reason for absence:

** Please attach any supporting documents (i.e. doctor's note, legal document etc.)*

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date**: _____

FOR OFFICE USE ONLY

Academic Coordinator: _____ **Date**: _____

Clinic Coordinator: _____ **Date**: _____

Academic Director: _____ **Date**: _____

Intl. Student Officer *(if applied)*: _____ **Date**: _____

Financial Aid Officer *(if applied)*: _____ **Date**: _____

Accounting Manager: _____ **Date**: _____

Registrar: _____ **Date**: _____

Please submit this form via e-mail to machm@dula.edu or dachm@dula.edu.

Updated 10/01/2025