This form is used to obtain approval for a Leave of Absence from the College of Nursing and applies when the student is:

- currently registered and dropping all courses prior to completion of the present semester.
- currently registered and completing the semester, but will not return next semester.
- not currently registered, but was enrolled in the program last semester.

This form does not apply to persons offered a seat in a program, but who do not start nursing courses on the effective matriculation date. These individuals must reapply and meet standards in place at the time of reapplication, acceptance and matriculation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forwarding Address</td>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
<td>Last day attended class:</td>
</tr>
</tbody>
</table>

Reason:  
- Illness
- Hospitalization
- Maternity
- Family Obligations
- Military
- Personal
- Financial
- Other

When will you return to program? ________________________________

If currently enrolled, are you completing the semester?  □ Yes □ No

If you will be attending another school, which one? ____________________________ #credits _____

☐ I understand this form is used by the College of Nursing to retain my seat in the nursing program.
☐ I understand this form does not guarantee registration in any theory or clinical course.
☐ I understand that a leave of absence cannot extend more than twelve calendar months.

☐ I understand a Plan of Study must be submitted to the College of Nursing at least eight weeks before the official start date of the semester in which return to class and/or clinical is planned.
☐ I understand the nursing advisor is consulted to develop an official Plan of Study.

☐ I understand it is my responsibility to work with the Registrars Office to withdraw from courses.
☐ I understand it is my responsibility to work with the Bursars Office to settle outstanding accounts.
☐ I understand it is my responsibility to know university and federal guidelines/deadlines apply and to take action accordingly.

Student signature: ____________________________ Date: ____________

Received in appropriate College of Nursing program office Date: ____________

Associate Dean signature: ____________________________ Date: ____________

NOTE: Original signed form must be provided; fax or electronic submittal is not acceptable.