

Leave of Absence Request

A leave of absence (LOA) may be granted by the Office of Graduate Studies for up to a calendar year. The LOA form should be completed and returned to the student's advisor or program director along with a letter addressed to the Associate Vice Chancellor of Graduate Studies. The letter should provide an explanation for the LOA request as well as the anticipated departure and return date. At least thirty days prior to the completion of the LOA, the student must notify their faculty advisor, their Program Director, and the Office of Graduate Studies of the intent to return so that a revised plan of study can be developed.

Student Name: _____
(please print)

Program: MSN _____ DNP _____ PhD _____

Area of Study: _____ Semester Admitted: _____
(please print) (please print)

Advisor: _____
(please print)

Please note that graduate nursing students have identified time limits from day of admission to complete their degree requirements. Time spent on *Leave of Absence* is included in the time limit.

Leave is requested for: Fall _____ Spring _____
(year) (year)

In the event that the School of Nursing or your advisor needs to contact you, please list the address and phone number of where you can be reached (please print).

(Student Signature)

(Date)

(Advisor Signature)

(Date)