

## REQUEST FOR LEAVE OF ABSENCE (LOA)

NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASSIFICATION:  1st Year Pre-Specialty Entry  2nd Year Pre-Specialty Entry  Direct Entry  
 Post-Master's Certificate  Doctor of Nursing Practice

DATE LOA WILL **BEGIN**: \_\_\_\_\_ YEAR & SEMESTER: \_\_\_\_\_

**My last date of attendance\* before taking leave of absence** \_\_\_\_\_

Date

\*Pursuant to Dept. of Education regulations, "attendance" may be considered one of the following:

- physically attending a class;
- submitting an academic assignment;
- taking an exam, an interactive tutorial, or computer-assisted instruction;
- attending a study group that is assigned by the school;
- participating in an online discussion about academic matters;
- initiating contact with faculty members to ask a question about the academic subject studied in course.

The following may **not** be considered attendance:

- logging into an online class without active participation;
- living in school housing;
- participating in a school meal plan;
- participating in academic counseling or advising.

YEAR & SEMESTER FOR **RETURN** FROM LEAVE (see note below): \_\_\_\_\_

REASON FOR LOA: \_\_\_\_\_

\_\_\_\_\_

CONTACT INFORMATION WHILE ON LOA

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

*NOTE: Leave of absence is granted for no more than one year. At the end of the leave of absence, the student must notify the school registrar, in writing, of the intent to return or not return. A student failing to register at the conclusion of the stated leave period will be considered withdrawn from the University and must reapply for admission unless an extension of leave has been granted by the Senior Associate Dean for Academics.*

\_\_\_\_\_  
*(Student signature)*

\_\_\_\_\_  
*(Academic Advisor signature)*

\_\_\_\_\_  
*(Director of Student Financial Services signature)*

\_\_\_\_\_  
*(Academic Dean signature)*

STUDENT LOA CHECK LIST

- If enrolled for the current semester, I have requested that the Registrar drop my courses.
- I have notified Kristie Smith, Director of Student Financial Services at [kristie.l.smith@vanderbilt.edu](mailto:kristie.l.smith@vanderbilt.edu).
- I have discussed my leave of absence with my faculty advisor.
- I understand that I will need to update immunization, licensure and background check requirements before I can re-enroll in the School of Nursing.

*NOTE: If your leave extends beyond 6 months, you might lose your e-mail account and your VUNet ID and password. When you attempt to register for classes upon returning from leave, contact Frist Nursing Informatics Center at 615-343-3950 to re-establish your accounts.*

**Submit this form to the School of Nursing Registrar's office in 211 or 208 Godchaux Hall or fax to 615-322-1708.**