



Request for Leave of Absence (LOA)

Upon completion of this form please print and submit to the Office of Enrollment Services

First Name: _____ Last Name: _____

Student ID #: _____ Date: _____

| | | | |
|------------------------|---------------------------|----------------------------|--|
| Classification: | ASN-MSN Level | MSN PreSpecialty Level | MSN Specialty Level |
| | Post-Master's Certificate | Doctor of Nursing Practice | Doctor of Nursing Practice Plus Post-Master's Certificate |

Date of Last Attendance: _____ Date LOA will Begin: _____ Year / Semester: _____

Expected Return Date: _____ Year / Semester: _____ New Expected Graduation Date: _____

Basis upon which Leave is Requested:

| | | | |
|---------------------|-------------------------|-----------------|-----------|
| Personal | Medical | Employment | Financial |
| Military Deployment | Official Church Mission | Administrative* | |

**to be used when there are no courses available for student to take*

Explanation:

Contact Information while on LOA:

Street Address (Apt/Unit #): _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____



Note: Signature asserts that you are familiar with the School of Nursing policies concerning leave of absence and fully understand the terms of your leave and the conditions upon which you may return.

Student Signature: _____

Academic Director Signature: _____

If PS or ASN student: Specialty Director Signature: _____

Director of Financial Aid Signature: _____

Compliance Officer Signature: _____

Senior Associate Dean for Academics Signature: _____

Student LOA Check List:

I have met with the Academic Director and Director of Financial Aid.

I have signed and submitted this form to the Academic Director.

I understand the Senior Associate Dean for Academics must approve the LOA request to be valid.

I understand the Registrar withdraws me from all courses.

I understand that I will need to update immunization, licensure, and background check requirements before I can re-enroll in the School of Nursing.

I understand that I need to arrange a meeting with the Academic Director sixty days prior to re-entry to determine my course of study.



Note: If your leave extends beyond 6 months, you might lose your e-mail account, 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](tel:615-343-3950) to re-establish your accounts.