



Department of Nursing and Health Professions

Leave of Absence Form

Student Name: _____

Student ID#: _____

I understand that by not continuing in the required sequencing of my program of study in the upper division, I am not guaranteed a place in the remaining Nursing courses. If I wish to re-enroll, I will be permitted to register in courses as space is available and if I meet the current course and program requirements. I will apply for re-entry to the Student Affairs Committee.

Student Signature

Date

Nursing Advisor Signature

Date

Note: Students **must** complete all nursing courses within three and a half calendar years after acceptance into the first clinical course.