

REQUEST FOR LEAVE OF ABSENCE (LOA)

Student Name: _____ Student ID Number: _____

Address: _____

Program: BS RN to BS DNP MS PhD Post MS Year in Program: _____
(Circle one)

Term Admitted: _____ 20____ Terms of LOA Requested: _____ 20__
Fall Spring Summer Fall Spring Summer

Term Returning: _____ 20____ 90-Day Notification Date: _____
Fall Spring Summer

NOTICE TO STUDENT: Continued registration is a requirement for active status in the College of Nursing. If student needs to interrupt his/her progress in the School and the interruption does not exceed one year (two academic semesters and one summer term), it is recommended that the student who is in good standing and has every intention of returning to the School within a two academic semester/one summer term period request a LOA rather than formally withdrawing from the College of Nursing.

Revisions in the BS curriculum are scheduled to be implemented in June 2012. If you interrupt or delay your program of study, the revisions may impact course requirements and progression, and may in turn delay your projected graduation date.

Please complete items 1-3 below, obtain signatures from your Advisor and the Program Director and return this form to the program office.

1. Have you been on a LOA any other term/s ___Yes ___No If yes, please indicate term Year _____
2. State the reason for requesting a LOA.
3. Are you registered for any class/es during the semester/s you are requesting a LOA? _____Yes _____No

I understand if I am registered for classes, it is my responsibility to officially drop these classes by completing a drop/add form and returning it to the UCD Office of Admissions and Records, Education II North building, third floor, Student Services area. I understand if I request a LOA after the designated drop/add period, I am responsible for full payment of tuition.

I understand if I am receiving Student Financial Aid that I must contact the Office of Student Financial Aid, Education II North building, third floor, Student Services area..

NOTE: If a student petitions for a LOA after the designated drop/add period he/she will be subject to full payment of tuition.

Student Signature	Date
APPROVED: _____	NOT APPROVED: _____
Advisor Signature	Date
Program Director Signature	Date
Graduate School signature (MS and PhD students only)	

NOTICE TO FACULTY ADVISOR and Program Director: If Leave of Absence is not approved, please attach explanations.

U: Forms/LOA 06/04, Distribution by Program Office to the following: Office of Student Affairs and Diversity, Graduate School (MS and PhD students only), Student, Registrar