

LEAVE OF ABSENCE REQUEST FORM

Address Number and S Telephone Number Degree (check): I am requesting a Leave This absence is due to	Indicate Home, _ DNP _ PHD *A e of Absence for	Work or Cell Track (Con separate proce or (check):	Ema centration): ess exists for Mi _Fall	SN Leave of Abs	ence requests, ple	State	
Number and S Telephone Number Degree (check): I am requesting a Leave	Indicate Home, _ DNP _ PHD *A e of Absence for	Track (Con	Ema centration): ess exists for Mi _Fall	il Address (UAB) SN Leave of Abs Spring	ence requests, ple	ease see your fa	·
Telephone Number Degree (check): I am requesting a Leave	Indicate Home, _ DNP _ PHD *A e of Absence for	Track (Con	Ema centration): ess exists for Mi _Fall	il Address (UAB) SN Leave of Abs Spring	ence requests, ple	ease see your fa	·
Degree (check): I am requesting a Leave	Indicate Home, _ DNP _ PHD *A e of Absence for	Track (Con	centration): ess exists for MS _Fall	SN Leave of Abs	ence requests, ple	ease see your fa	
I am requesting a Leave	PHD <mark>*A</mark> e of Absence fo	separate proce or (check):	ess exists for MS Fall	SN Leave of Abs	ence requests, ple	ease see your fa	
	e of Absence fo	or (check):	_Fall	Spring _			culty advisor.
					Summer	Semester 20	
This absence is due to_						Oomootor, 20	
	LL OF THE						
I UNDERSTAND A		FULLUWIN	G:				
 add/drop for Students are delivered to temail at ilavie Upon any fin signature signature 	e for receipt the semester e responsible the Office of er@uab.edu on al approval, unifying an un program of register.	of a Leave of for which a Le to make su Student Succor by fax at 20 a revised proderstanding study must be	Leave of Abservate that the frees by the de 5-934-5490. Cogram of studies of their new of their	nce is being recorm, with the adline in NB 10 addine in NB 10	quested to beging advisor's record to the student is in upon return	n. mmendation a lursing. It may and will requ n from their L ess before the	s the last day to and signature, is be submitted by aire the student's eave of Absence student may be
Advisor <u>Recommenda</u>	tion (Check (One):	Approve		Disappro	ove	
Advisor's Signature					Date		
Final Decision (Check	One):		Approve		Disappr	rove	
Program Director's Siç	gnature			Da	ate		
Comments:							
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NOTE: The School of Nursing reserves the right to contact the Alabama State Board of Nursing regarding any reason for denial of reinstatement. FOR OFFICE USE ONLY: DATE RECEIVED:

Date: 9/16