



LEAVE OF ABSENCE REQUEST FORM

Student Name (Print) _____ BLAZERID _____
Last First Middle

Address _____
Number and Street City State Zip Code

Telephone Number _____ Email Address (UAB) _____
Indicate Home, Work or Cell

Degree (check): _____MSN Track (Concentration) _____
_____PhD _____DNP _____

I am requesting a Leave of Absence for (check): _____Fall _____Spring _____Summer Semester, 20_____

This absence is due to _____

Previous semesters of non-enrollment _____

I understand the following:

- A student may take a maximum of two consecutive semesters away before having to reapply for admission into the School of Nursing and a Leave of Absence cannot be taken in your first semester of enrollment.
- A leave of absence may delay graduation by up to one year.
- This Leave of Absence request is good for only the semester(s) specified above. An additional request will be required for an additional semester.
- The deadline for receipt of a Leave of Absence form by the SON Student Affairs Office is the last day to add/drop for the semester for which a Leave of Absence is being requested to begin.
- **Students are responsible to make sure that the form, with the advisor's recommendation and signature, is delivered to the Office of Student Affairs by the deadline in NB 1002, School of Nursing. It may be submitted by email at sonstudaffrs@uab.edu or by fax at 205-934-5490.**
- ***Upon any final approval, a revised program of study will be sent to the student's current mailing address and will require the student's signature signifying an understanding of their new course progression upon return from their Leave of Absence. This revised program of study must be returned to the Office of Student Affairs before the student may be permitted register.***

Student Signature _____ Date _____

Advisor **Recommendation** (Check One): _____Approve _____Disapprove

Advisor's Signature _____ Date _____

Final Decision (Check One): _____Approve _____Disapprove

Program Director's Signature _____ Date _____

Comments: _____

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:

IS THIS THE STUDENT'S FIRST TERM OF ENROLLMENT: _____

DATE RECEIVED: _____

Date: 7/14