



College of Health Care Sciences

## LEAVE OF ABSENCE REQUEST FORM

Students must complete this form in consultation with their Program Director to secure a leave of absence up to one academic year. Additional leave time must be requested separately; see the Student Handbook for details and restrictions. Once signed, the Program Director will forward the LOA form to the Dean of Academic Affairs for approval. Students must contact the Program Office 30 days prior to returning from leave.

Student Name: \_\_\_\_\_ Best Contact #: \_\_\_\_\_  
 NSU ID#: \_\_\_\_\_ Non-NSU Email: \_\_\_\_\_  
 Program: \_\_\_\_\_ NSU Email: \_\_\_\_\_

Clearly mark the term(s) in which you will be on Leave:	Leave Categories Check one of the following reasons:		
<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	<input type="checkbox"/> Family Obligations <input type="checkbox"/> Financial <input type="checkbox"/> Illness <input type="checkbox"/> Military Service	<input type="checkbox"/> Maternity <input type="checkbox"/> Work <input type="checkbox"/> Other	

Outline your reasons for requesting a leave of absence below; attach substantiating documentation (e.g. letter from a physician) or additional sheets if necessary.

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date