



Leave of Absence Request

The leave of absence policy is detailed in the College Catalog.

Requesting a Leave of Absence is initiated with the Student’s Academic and Student Support Advisor.

Academic Repercussions:

Student will return to Goldfarb effective the term indicated on this form, not to exceed two subsequent terms, and will resume their academic program. If the student fails to return from the Leave of Absence as of the term listed below the student will be withdrawn from Goldfarb School of Nursing.

<p>Student Name: _____</p> <p>Student ID: _____</p> <p>Advisor Name: _____</p> <p>Term(s) of Leave of Absence :</p> <p>Summer _____ Fall _____ Spring _____</p> <p>Anticipated Return Term :</p> <p>Summer _____ Fall _____ Spring _____</p> <p>New/Revised Graduation date : _____</p>	<p style="text-align: center;"><u>Reason for Leave Request</u></p> <p>Please mark the appropriate Leave of Absence Code:</p> <p>_____ (H) Medical/ Health Leave</p> <p>_____ (S) Military Service</p> <p>_____ (N) Non-Academic Reason _____</p> <p>_____ (O) Other Reason _____</p>
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Date of Student Notification: _____

Date of Emergency (If Applicable): _____

Student Statement of Responsibility: I am aware that it is my responsibility to contact other offices (Admissions, Registration, Financial aid, Business office that may be affected by this leave of absence request.

Student Signature: _____ Date: _____

Academic and Student Support Advisor

Signature (required): _____ Date: _____

Associate Dean of Student Experience and Development Approval

Signature (required): _____ Date: _____

Goldfarb School of Nursing reserves the right to make exceptions to the policies as defined in the College Catalog.