

Shawnee State University
Department of Nursing

Leave of Absence Procedure

1. Department Chair will meet with all students who are requesting a Leave of Absence and direct the student to complete the “Leave of Absence” Form. The Department Chair will explain to the student that:

Acceptance of a Leave of Absence Request does not constitute withdrawal from classes. Student will still need to comply with university policies to withdraw from classes. Students who do not withdraw from classes risk receiving failing grades in all registered classes.

Upon receipt of the completed form, the Department Chair will forward copies of the completed form to the Student, Student’s Advisor, and the Student’s file.

2. Department Chair will meet with all students who are requesting a Return from Leave of Absence and direct the student to complete the “Return from Leave of Absence” Form. The Department Chair will explain to the student that:

The student will be subject to any changes in class or clinical requirements in place at the time of my return.

Upon receipt of the completed form, the Department Chair will forward copies of the completed form to the Student, Student’s Advisor, and the Student’s file.

**Shawnee State University
Department of Nursing**

Leave of Absence Form

Student Name: _____ ID #: _____

Address: _____

Phone Number: _____ SSU Email: _____

Requested Leave Start Date: _____ End Date: _____

Note: Acceptance of a Leave of Absence Request does not constitute withdrawal from classes. Student will still need to comply with university policies to withdraw from classes. Students who do not withdraw from classes risk receiving failing grades in all registered classes.

I certify that all information in this request is truthful. The leave of absence policy and ramifications of taking a leave of absence have been explained to me, and I have had an opportunity to ask questions. I assume responsibility for all ramifications that may result from taking a leave of absence. I also understand that I will be subject to any changes in class or clinical requirements in place at the time of my return.

Signature Date: _____

For Department Use Only:

Date Received: _____ Date Reviewed by Committee: _____

Date Student Notified: _____

APG Chair Signature: _____

Department of Nursing Chair: _____

Copy to Student, Student's Advisor, and Student's File

**Shawnee State University
Department of Nursing**

Return from Leave of Absence Form

Student Name: _____ ID #: _____

Address: _____

Phone Number: _____ SSU Email: _____

Leave Start Date: _____ Requested End Date: _____

I certify that all information in this request is truthful. I also understand that I will be subject to any changes in class or clinical requirements in place at the time of my return.

Signature Date: _____

For Department Use Only:

Date Received: _____ Date Reviewed by Committee: _____

Date Student Notified: _____

APG Chair Signature: _____

Department of Nursing Chair: _____

Copy to Student, Student's Advisor, and Student's File