

Undergraduate Academic Leave of Absence Form^(UAS policy)

Students who need to be absent from the CON for one or more semesters are required to submit a formal request for academic leave. Request for academic leave requires completion this Academic Leave Request form and a letter detailing the reasons for the requested leave. Failure to obtain formal approval for academic leave is considered relinquishment of the student's position in the program and requires application for readmission through the academic appeals process. Exceptions to this policy include leave for required military duty and unexpected severe illness or injury with medical documentation.

Name: _____ E #: EOO _____

Current Phone number: _ _ - _ _ - _ _

Current/last completed semester in nursing (circle one) 1st 2nd 3rd 4th 5th

Courses Completing this semester: _____

Courses Repeating upon return: _____

Courses Enrolling in upon return: _____

Program (circle one): Traditional BSN Accelerated BSN LPN-BSN RN-BSN

Location: _____

Dates/term leave to start? 20__ __ Year and Semester: *Fall Spring Summer*

Expected return date/term? 20__ __ Year and Semester: *Fall Spring Summer*

Readmission Process ^(UAS policy)

1. Students who leave the major for two consecutive semesters for any reason will be required to appear before the Undergraduate Academic Standards Committee.
2. Students who are re-admitted after 2nd semester level courses will be required to enroll in NRSE4300 Skills Validation to refresh clinical skills. Individualized learning contracts will be developed based on needed skills.
3. NRSE 4300 is required for students who are out of progression, who are taking courses out of curriculum sequence due to non-progression, or who are enrolled in a didactic component without being enrolled in a clinical component. Successful completion of NRSE 4300 is required for students to progress into the next clinical course as scheduled per curriculum guidelines.

I have read and understand the above policies. When I am ready to return, I will contact my advisor at least 4 weeks before my start date. I understand that I will only be able to take classes as space allows.

Student Name (printed) _____

Signature _____ Date _____

Approval: Name/signature of Associate Dean _____ / _____ Date: _____

Please attach to this form a letter detailing the reasons for the requested leave.

Drop off material: Nicks Hall room 230, fax to 423-4394522 or mail to

ETSU PO Box 70664 Johnson City, TN 37614 or email to your advisor.

Student should receive an approved copy and a copy must go to the Assist Dean of Student Services