

LEAVE OF ABSENCE REQUEST

STUDENT ID	LAST NAME	FIRST NAME	PROGRAM & TRACK	EMAIL ADDRESS

CURRENT MAILING ADDRESS:	
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Requests for a leave of absence may be granted by the Associate Dean for Education or their designee. A leave may be granted, if deemed appropriate, for health, personal, family, financial, or work reasons.

Leave of Absence Request Process:

1. The student must initiate a request via direct or indirect communication (via email) with the Assistant Dean/Program Director/Specialty Coordinator.
2. The student submits a completed *Leave of Absence Form* (LOA) via Regi system: <https://links.emory.edu/REGI>.
 - Students have 5 years from beginning their first class in a program to complete the program.
3. Students requesting a Medical LOA:
 - If requesting a **medical leave of absence**, the student must attach a letter from their health care provider along with the Leave of Absence Request. The letter should include an affirmation of the nature and need for a medical leave as well as a timeline for care. The letter does not require specific information about the student's condition.
 - Only a medical LOA will stop the time to graduation clock for a student. When the student returns, the time to graduation clock will be restarted. A student has 5-years from the first class taken in the School of Nursing to complete all degree requirements.
 - Refer to the Student Handbook for additional information.
4. If approved by the Associate Dean for Education or their designee, the signed LOA form will be sent to the School of Nursing's Director of Registration for OPUS processing.

A signed copy of the *Leave of Absence Request* will be sent electronically to the student from the Office of Education and a copy will be stored in the student record.

Refer to the Student Handbook on the School of Nursing website for further information regarding the LOA policy (www.nursing.emory.edu).

A Re-enrollment Request Form **must be submitted** to the Office of Education at least 60 days prior to re-enrollment. This form can be found on the Regi system: <https://links.emory.edu/REGI>.

Students who were granted a *medical LOA*, must submit a written clearance from a treating health care provider before they will be registered for classes.

REQUESTED LEAVE TO BEGIN ON:	SEMESTER (check one)			YEAR
	Fall	Spring	Summer	

ANTICIPATED DATE OF RETURN:	SEMESTER (check one)			YEAR
	Fall	Spring	Summer	

Your return date is not guaranteed. The ability to return is based on Office of Education review, classroom space, and clinical availability.

Reason for Leave of Absence (check one):				
Personal	Financial	Job Related	Medical*	Other

Briefly, explain the reason for the leave of absence request:

Student Signature

Print Name

Date

Program/Specialty Director Signature

Print Name

Date

Associate Dean for Education

Print Name

Date