

Request for Leave of Absence (LOA)

Upon completion of this form please submit by email to the BSN Academic Advisor

Student Name: _____ **UTC Mocs Id:** _____

Date: _____ **ABSN** ____ **or TBSN** ____ **Level or Semester in the program:** _____

Date of Last Attendance: _____ **Date LOA will Begin:** _____ **Expected Return Date:** _____

Basis upon which leave is requested: ___ **Personal** ___ **Medical (Must attached Medical Clinical Clearance form)** ___ **Military**

Explanation: _____

The Academic Affairs Committee is a mandatory reporter under Title IX and reports of sexual harassment, sexual assault, sexual violence, or other sexual misconduct included in your appeal will be directed to the Title IX Coordinator (<http://www.utc.edu/sexual-misconduct/>).

Contact Information while on LOA:

Phone # _____ **Email Address:** _____

Student LOA Check List:

- ___ I have met with the Associate Director and BSN Academic Advisor.
- ___ I understand the Academic Affairs Committee must approve the LOA request to be valid.
- ___ I understand I must withdraw from all nursing courses.
- ___ I understand it is my responsibility to check with the Mocs One Center regarding continuation of financial aid and scholarship requirements during a leave of absence.
- ___ I understand that I will need to update immunization, drug screen, and background check requirements before I can re-enroll in the School of Nursing.
- ___ I understand that I need to submit the Return from Leave of Absence form and supporting documentation by May 1st for a fall return and October 1st for a spring return.
- ___ I understand if my program curriculum or plan of study change or cease during my Leave of Absence, I understand I will be required to follow the curriculum/plan of study offered at the time of my return.
- ___ I understand if the leave of absence is for medical reasons, I must have my healthcare provider complete the Medical Clinical Clearance form.
- ___ I understand if I have been on LOA for more than 1 semester I will be assigned to a faculty member that will meet with to develop an individual plan to refresh on clinical skills. I must demonstrate safety and competence on skills before I can return to clinical.
- ___ I understand I can be reinstated into the program one time after a Leave of Absence or withdrawal. Reinstatement must occur within one year from the last time enrolled in the School of Nursing or the student will be required to change their major.

Student Signature: _____ **Date:** _____

For School of Nursing use only:

Return from Leave of Absence: ___ **Approved** ___ **Denied**

Academic Affairs Chair signature: _____ **Date:** _____

Director signature: _____ **Date:** _____

