



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

Graduate Entry Program
PETITION FOR A LEAVE OF ABSENCE

Name: _____

Student ID: _____

Student Signature: _____ Date: _____

Email: _____

I am requesting a leave through: _____

(example: through the Fall 2017 semester)

Semester in which you plan to return: _____

(example: Spring 2018)

Signature of Advisor: _____

In the space below, explain why you need a leave of absence.

Signature of Program Director: _____ Date _____

*Return to the Registrar's Office, Office of Student Services (Ground Floor) in the School of Nursing
or fax to (216) 368.0347.*