



FRANCES PAYNE BOLTON  
SCHOOL OF NURSING

CASE WESTERN RESERVE  
UNIVERSITY

**MSN Program**  
**PETITION FOR A LEAVE OF ABSENCE**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

I am requesting a leave through: \_\_\_\_\_

(example: through the Fall 2012 semester)

Semester in which you plan to return: \_\_\_\_\_

(example: Spring 2013)

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.*