



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

Post MSN DNP Program
PETITION FOR A LEAVE OF ABSENCE

Name: _____

Student ID: _____

Student Signature: _____ Date: _____

Email: _____

I am requesting a leave through: _____

(example: through the Fall 2014 semester)

Semester in which you plan to return: _____

(example: Spring 2015)

Signature of Advisor: _____

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

Signature of Program Director: _____ Date _____

Return to Sally Garrett Karyo, Room 219A in Nursing School or fax to 216-368-3542 (attention Sally Garrett Karyo).