



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

MN (Graduate Entry) Program
PETITION FOR A LEAVE OF ABSENCE

Name: _____

Student ID: _____ Date: _____

Student Signature: _____

Email: _____

I am requesting a leave through: _____

(example: through Fall 2021 semester)

Semester in which I plan to return: _____

(example: Spring 2022)

Signature of Advisor: _____

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

Signature of Program Director: _____ Date: _____

Return to Registrar's Office, in the School of Nursing (4th floor HEC, 443A) or email to fpbreg@case.edu.