



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: _____

Select this box if you are an MN student, delaying the start of MSN courses.
What is your intended major when you begin? _____

I am requesting a leave effective: _____
(example: Fall 2021)

Semester in which you plan to return/start MSN program: _____
(example: Fall 2022)

Signature of Advisor: _____

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

Signature of MSN Program Director: _____ **Date** _____

Return to the Registrar's Office, Office of Student Services at Samson Pavilion 443A or fpbreg@case.edu.