



CASE WESTERN RESERVE  
UNIVERSITY

FRANCES PAYNE BOLTON SCHOOL OF NURSING

## DNP Program

### PETITION FOR A LEAVE OF ABSENCE

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

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

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

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

I am requesting a leave through: \_\_\_\_\_  
(example: Fall 2019 semester)

Semester in which you plan to return: \_\_\_\_\_  
(example: Spring 2020)

Signature of Advisor: \_\_\_\_\_

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

Signature of Program Director: \_\_\_\_\_ Date \_\_\_\_\_

*Return to the DNP Department Assistant or email to [dnpasst@case.edu](mailto:dnpasst@case.edu)*