



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](mailto:fpbreg@case.edu).*