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

Updated 8/2019, Reviewed 7/2026