



REQUEST FOR LEAVE OF ABSENCE (LOA)

Students may sometimes need to interrupt their studies for a variety of reasons (financial, medical, academic, or personal). A student with the intention to resume their studies may take one leave of absence from the School of Nursing (SON) by leaving the school temporarily, for up to one year. It is expected that a student will meet with their academic/faculty advisor to discuss this decision before completing this form. Full Leave policy is available at <https://e-catalogue.jhu.edu/nursing/policies/leave-absence/>

Note: Please be aware that taking a Leave of Absence may affect billing and/or financial assistance. Students should discuss their options and financial implications with [SEAM](#) before submitting this form.

Name: _____ JHED ID: _____

University Email Address: _____

Phone Number: _____ Date: _____

Academic Program & Level/Semester: _____

LOA Start Date/Semester: _____ LOA Return Date/Semester: _____

Should my program curriculum or plan of study change or cease during my Leave of Absence, I understand I will be required to follow the curriculum/plan of study offered at the time of my return or reapply for admission to a new program.

Reasons for Request/Please check the appropriate box:

- Academic
- Finances
- Medical
- Military Service
- Personal
- Other (Briefly Describe)

Students: Please return completed form to your faculty/academic advisor.

Student Signature: _____ Date: _____

Faculty/Academic Advisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

After Program Director signature, send completed form to SON Office of Student Records, SON-Records@jh.edu.