Marshall University
College of Health Professions
School of Nursing MSN Program
Petition for a Leave of Absence

After conferring with your academic advisor, the student must petition the Graduate Academic Planning and Standards Committee for a Leave of Absence using this form. This completed form must be emailed to **Dr. Bobbie Taylor**, Graduate Program Director at msn-nursing@marshall.edu.

Name of Student: _____ MUID: _____

Requested date fir LOA: _____ Return Date: _____

Student's Overall GPA: _____ Circle your Track: FNP NA NE Mid-W Psych

Briefly Describe Reason for LOA:

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Student's Signature: _____ Date: _____

Graduate Academic Planning and Standards Recommendations:

Approve _____ **Disapprove** _____

Revised:
5/20/2017
10/8/06 GAPS
9/28/06
10/10/01
9/28/92