Marshall University
College of Health Professions
School of Nursing

RN to BSN Program

Petition for a Leave of Absence

Due to restricted enrollment in the School of Nursing RN to BSN Program, nursing students unable to maintain continuous progression must follow the Leave of Absence policy. The student must request a leave of absence in writing using this form, as early as possible. This completed form must be submitted to the **Director of the RN to BSN Program** for the semester in which the leave is requested.

RN to BSN Leave of Absence Policy

- The student must complete the RN to BSN Program Leave of Absence Form and contact their assigned advisor. The LOA form and notification should be sent at earliest possible time.
- The Student Petition for Leave of Absence Form must be submitted to the Director of the RN to BSN Program for the semester in which the student is requesting leave.
- If a Leave of Absence is approved, the student must consult with their advisor to revise their program plan of study.
- Students who have not demonstrated responsibility or shown potential for successfully completing the program will not be granted a Leave of Absence.
- Permission for a leave of absence may be granted for the remainder of the current semester and up to one additional semester.
- Students are expected to progress through the RN to BSN program according to their approved plan of study on admission. If a student requests a leave of absence, repeats a course, or changes their plan of study, the adjusted timeline must still allow for completion of all program requirements within four (4) years of the original admission term. Any student who does not complete the program within this four-year maximum will be required to reapply for admission before continuing in the program.

Student Information

Name of Student: _____ MUID: _____

Email: _____ Phone: _____

Original Admission Term: _____ Academic Advisor: _____

Student's Overall GPA: _____ Current Semester: _____

Leave Request

Semester(s) of Requested Leave: _____

Requested Start Date for LOA: _____ Return Date: _____

Leave may be granted for the remainder of the current semester and up to one additional semester.

Briefly Describe Reason for LOA:

_____

_____

_____

Student Acknowledgment

☐ I have read and understand the RN to BSN Program Leave of Absence policy.

☐ I understand that if my Leave of Absence is approved, I must consult with my advisor to revise my program plan of study.

☐ I understand that all program requirements must be completed within four (4) years of my original admission term, and that if I do not complete the program within this time I will be required to reapply for admission.

Student's Signature: _____ Date: _____

For RN to BSN Program Use Only

RN to BSN Program Committee Decision : **Approve** _____ **Disapprove** _____

Comments: _____

_____

Director, RN to BSN Program Signature: _____ Date: _____

Revised Plan of Study Completed with Advisor (date): _____