

## **Leave of Absence/Program Withdrawal**

A student may discontinue his/her studies at the Duke University School of Nursing through a formal Leave of Absence (LOA) or by Withdrawal from the School as defined below. Before the LOA or withdrawal process is initiated, all students are encouraged to review the information regarding refunds of tuition and fees and financial aid obligations found in the Tuition and Fees section via the School of Nursing Bulletin.

### **Leave of Absence**

All students enrolled in the School of Nursing must register for fall, spring, and summer semesters until all degree requirements are completed. An exception to this rule occurs if registration is waived via an approved Leave of Absence. A Leave of Absence can be either student-initiated, or administratively initiated. Students who find it necessary to interrupt their program of study due to medical necessity, or other emergency reasons must make the request in writing using the Leave of Absence/Program Withdrawal form. The request must be made prior to the beginning of the semester in which the leave is intended. The Leave of Absence is applicable for up to one year and can only be granted to students who are in good academic standing.

A student returning from a Leave of Absence must contact his/her advisor and the Program Director through written notification at least ninety days prior to the beginning of the semester in which he/she intends to return. An approved Leave of Absence for medical or psychological reasons must also be accompanied with a written notification from a physician/health care provider/therapist stating that the student is cleared to resume the course of study including participation in clinical activities.

### **Program Withdrawal**

If a student for any reason wishes to withdraw from the School of Nursing, written notification must be submitted to the Registrar before the expected date of withdrawal and no later than the last day of classes for that semester. Students who have been granted a Withdrawal from the school and wish to return must apply for re-admission according to regular admission policies.

How to use the Leave of Absence/Program Withdrawal Form:

1. Complete all required information. Incomplete forms will not be processed.
2. Obtain signature from your primary Academic Advisor.
3. Obtain signature from the Academic Program Director.
4. Return the completed form to the School of Nursing Registrar.

Once the School of Nursing Registrar receives the form, a notation will be placed in the student's permanent file with notifications sent to key School/University contacts including the Academic Advisor, Program Director, Financial Aid Office, Bursar and University Registrar.

Completed form should be submitted to:

**School of Nursing Registrar**

**DUMC 3322**

**Durham, NC 27710**

**Email: [dusonregistrar@dm.duke.edu](mailto:dusonregistrar@dm.duke.edu)**

**Fax: (919) 684-4693**



## Leave of Absence/Program Withdrawal

### Section 1: Student Information

Student Name: \_\_\_\_\_ Duke Unique ID: \_\_\_\_\_

Program:      ABSN                      MSN                      Certificate                      DNP

Major: \_\_\_\_\_ Specialty: \_\_\_\_\_  
(MSN/Certificate only)                      (MSN/Certificate only)

### Section 2: Requested Action *(select one)*

Leave of Absence- Effective Date: \_\_\_\_\_

*If LOA, anticipated return date:* \_\_\_\_\_ **AND** *revised graduation date:* \_\_\_\_\_

Program Withdrawal-Effective Date: \_\_\_\_\_

### Section 3: Action Reason

*Please use this space to provide additional information as it relates to your request.*

*By signing below, I certify that the information contained on this form is true and accurate. I acknowledge that I will comply with the LOA and Withdrawal policy as outlined in the School of Nursing Bulletin. I understand the misrepresentations of fact may give rise to a complaint being filed with the School of Nursing Registrar for investigation as possible violations of the Duke Code of Conduct and Personal Integrity Policy.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: Faculty Endorsements

Academic Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notify Clinical Placements Office  
(for office use only)

Processed by School of Nursing Registrar  
(for office use only)