



Return from Leave of Absence Request Form

A student returning from a leave of absence must contact his/her advisor and the program chair through written notification at least ninety days prior to the beginning of the semester in which he/she intends to return. 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. It is recommended that all students returning from a Leave of Absence contact the Bursar's Office to insure that they are financially cleared to return as well as DUSON Student Services to insure compliance clearance.

ABSN

Any ABSN student returning from a leave of absence should notify, in writing, his/her faculty advisor and the Assistant Dean for Undergraduate Education at least ninety days prior to the beginning of the semester in which he/she intends to return. The purpose of this contact is to make sure that registration and re-entry into courses will proceed smoothly. Students returning from a leave of absence will be required to demonstrate competency on essential skills prior to returning from a leave of absence. This may include required time in the Center for Nursing Discovery (CND) and/or formal skill validation.

MSN/Certificate

Any MSN student returning from a leave of absence should contact his/her advisor and the Director of the MSN Program at least ninety days prior to the beginning of the semester in which he/she intends to return. The purpose of this contact is to make sure that registration and re-entry into courses will proceed smoothly.

DNP

Any DNP student returning from a leave of absence should notify, in writing, his/her faculty advisor and the Director of the DNP Program at least ninety days prior to the beginning of the semester in which he/she intends to return. The purpose of this contact is to make sure that registration and re-entry into courses will proceed smoothly.

Completed form should be submitted to:
School of Nursing Registrar
DUMC 3322
Durham, NC 27710
Email: dusonregistrar@dm.duke.edu
Fax: (919) 684-4693



Section 1: Student Information

Student Name: _____ Duke Unique ID #: _____ Date: _____

Program: ABSN MSN Certificate DNP

Section 2: Return from Leave Information

Personal Leave of Absence

Medical Leave of Absence (**attach required documentation*)

Effective Date: _____ Anticipated Return Term: _____ Revised Graduation Date: _____

Section 3: Student Checklist

Compliance Clearance Confirmed (SonStudentServices@dm.duke.edu)

Bursar Clearance Verified (bursar@duke.edu)

Updated Long Range Plan (submitted and approved by advisor; *graduate students only)

Student Signature: *By signing below, I certify that the information contained on this form is true and accurate. I understand misrepresentations of fact may give rise to a complaint being filed with the Office of Admissions and Student Services for investigation as possible violations of the Duke Code of Conduct and Personal Integrity Policy.*

Student Signature: _____ **Date:** _____

Section 4: Faculty Endorsements

Approved: Yes No

Academic Advisor: _____ Signature: _____ Date: _____

Program Director: _____ Signature: _____ Date: _____

Notify Clinical Placements Office
(for office use only)

Notify New Advisor
(for office use only)