



## **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](mailto:dusonregistrar@dm.duke.edu)  
Fax: (919) 668-4693



**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](mailto:SonStudentServices@dm.duke.edu))

Bursar Clearance Verified ([bursar@duke.edu](mailto:bursar@duke.edu))

Updated Long Range Plan (to be completed **after** "Return from LOA" is processed; \*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)