

## Leave of Absence Form

Name: \_\_\_\_\_ R#: \_\_\_\_\_ Date: \_\_\_\_\_

Program/Track: \_\_\_\_\_ Campus/Distance: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone # (work): \_\_\_\_\_

Personal email: \_\_\_\_\_

Courses completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requesting Leave of Absence for: Fall: \_\_\_\_\_(yr) Spring: \_\_\_\_\_(yr) Summer: \_\_\_\_\_(yr)

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if my leave request is approved, I must submit a Return From Leave form two months before the beginning of the returning semester. If I do not return the semester following the approved period of leave, I understand I will be dismissed from the program and will have to reapply to the Texas Tech University Health Sciences Center School of Nursing.

\_\_\_\_\_

Student Signature

Date

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For internal use only

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Student notified via email by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Department Chair Signature

Date