

SAINT ANTHONY COLLEGE OF NURSING - ROCKFORD, ILLINOIS

POLICY #G336

TITLE: LEAVE OF ABSENCE (LOA) FOR GRADUATE STUDENTS

A leave of absence is a suspension of continuous matriculation in a graduate course at Saint Anthony College of Nursing. A leave of absence may be taken for academic, personal, or health reasons and may be up to one calendar year in length. As long as the nursing program is completed within six (6) years after initial admission the student may be allowed one (1) leave of absence during the program of study. The student who returns from a leave of absence must meet with the Dean Graduate Affairs and Research to review the current curriculum and graduation requirements. Graduation requirements will be those in force as stated in the College Catalog at the time of return from leave of absence. Students must comply with the LOA procedure and return to the program of study within the specified time or the student could be dismissed from the program. An extension must be requested if the student cannot return in the specified timeframe or the student may be dismissed from the College. If dismissed for non-compliance with LOA policy, the student may reapply for readmission. At the time of return, the student must develop an acceptable revision for their course of study with their advisor.

Accepted by Academic Affairs: 07/28/05
College Board Approval: 08/02/05
Accepted by Faculty Organization: 02/12/07
Accepted by Academic Affairs: 05/29/07
College Board Approval: 06/12/07
Reviewed/revised by Graduate Affairs: 11/10/08
Accepted by Faculty Organization: 11/17/08
Accepted by Academic Affairs: 12/11/08
College Board Approved: 12/16/08
Reaffirmed by Graduate Affairs; no changes: 5/21/10
Reviewed by Graduate Admission
& Progression/no changes: 8/11/11
Revised by Graduate Admission & Progression: 10/03/11
Revised by Graduate Admission & Progression: 12/13/11
Approved by Faculty Organization: 3/12/12
Revised by Academic Affairs: 5/31/12
College Board approval: 6/19/12

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PROCEDURE:

A student may request a leave of absence by completing the following:

1. Meet with the Dean Graduate Affairs and Research to discuss the request;
2. Obtain and complete a request form, including a statement of the reason(s) for the LOA. The form is available in the Dean Graduate Affairs and Research's office;
3. The Dean Graduate Affairs and Research must petition the Graduate Admission and Progression Committee for approval of the LOA;
4. Notification is sent to the Student Affairs Office;
5. Notify the Dean Graduate Affairs and Research in writing, no later than six (6) weeks prior to the end of the approved period, of the leave or the intent to resume participation in the nursing program. The student will be granted permission to return provided there is space available in the courses; and
6. The student must meet all registration requirements in place at the time of return from the leave of absence.

Accepted by Academic Affairs: 07/28/05

College Board Approval: 08/02/05

Reviewed/revised by Graduate Affairs: 11/10/08

Accepted by Faculty Organization: 11/17/08

Accepted by Academic Affairs: 12/11/08

College Board Approved: 12/16/08

Revised by Graduate Affairs: 3/29/10

Accepted by Academic Affairs: 5/21/10

Revised by Graduate Admission & Progression: 8/11/11

Revised by Graduate Admission & Progression: 12/13/11

Approved by Faculty Organization: 3/12/12

Approved by Academic Affairs: 5/31/12

College Board approval: 6/19/12

**SAINT ANTHONY COLLEGE OF NURSING - ROCKFORD, ILLINOIS
REQUEST FOR LEAVE OF ABSENCE FROM GRADUATE STUDIES FORM
(POLICY #G336)**

Student's Name _____ Enrollment Date: _____

Address _____

City _____ State _____ Zip Code _____

Please check the REASON FOR REQUESTING A LEAVE OF ABSENCE.

Please explain each reason as fully as possible (use back of form, if necessary).

Health _____

Academic difficulty _____

Personal: _____

Other, please explain: _____

Students receiving financial aid, please check appropriate items below:

Federal Direct Loans Employment/Tuition Benefits (employer _____)

Alternative Loans Other _____

Private Scholarships

Has Graduate Affairs Received (to be initialed by Graduate Affairs Specialist):

Mailbox Key: ____ Student ID: ____ Final Payment of Outstanding Account: ____

Date LOA effective: _____ Date of Planned Return: _____

Requested an extension: ____ Yes ____ No If yes, new date of planned return: _____

Student Signature _____ Date

Financial Aid Advisor _____ Date

Student Advisor _____ Date

Dean Graduate Affairs and Research Signature _____ Date

LOA Approved by Graduate Admission & Progression Committee:

Yes

No

Graduate Admission & Progression Chairperson Signature _____ Date

Return Approved by Graduate Admission & Progression Committee:

Yes

No

Dean Graduate Affairs and Research Signature _____ Date