Nell Hodgson Woodruff School of Nursing
Emory University
PhD in Nursing Program

Leave of Absence Request Form

A student in good standing may be granted 2 one-year leaves of absence upon recommendation of the student's department and approval of the Dean. Leaves of absence are available to students only within eight years of admission to advanced standing. The student must demonstrate that during this period he or she must (or plans to) interrupt progress toward the degree. The student should be aware that the university will not certify to loan officers or including governmental agencies that a student on leave of absence is in residence or actively pursuing a course of study.

Name: (Print) _____ID#:_____
Last First M.I.

Address:_____
Number and Street (or Rural Route) City State Zip Code

Degree: ____DOCTORAL Major_____

I am requesting a Leave of Absence for the _____Term, 20_____

This absence is due to _____

Previous terms of non-enrollment:_____

Obtain the following approvals

Advisor: __ Approve _____ _____
Signature Date
__ Disapprove

Chair: __ Approve _____ _____
Signature Date
__ Disapprove

Once approved by the Advisor and Chair, this form must be submitted to the Doctoral Administrative Office, Room 250, NHWSN, 1520 Clifton Road, Atlanta, GA 30322. Personnel in the Doctoral Administrative Office will initial the form, record the date received, and give a copy to the student. *The deadline for receipt of approved forms by the Doctoral Administrative Office is the last day to drop/add for the term for which a Leave of Absence is being requested. It is the student's responsibility to make sure that the approved form is delivered to the Doctoral Administrative Office by the deadline.*

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(For Office Use Only) Date Received_____ Initials_____

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