YALE UNIVERSITY SCHOOL OF NURSING
NOTICE OF INTENTION TO WITHDRAW OR ON LEAVE OF ABSENCE

This form must be completed by all students who wish to go on leave of absence or terminate their study in good standing. A student who fails to submit this form to the School of Nursing, properly completed with the Specialty Director's and Assistant Dean's signatures will not be granted withdrawal in good standing and will be liable for any tuition, continuous registration fee, or Yale hospitalization insurance charges for the remainder of the academic year in which the withdrawal or leave of absence occurs.

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_____ _____ _____
Student Name Year of Study (current) (e.g., 2003-04) Student ID#

Term: __Fall __Spring Year _____

I wish to go on leave of absence _____ or withdraw _____ from the School of Nursing for the

following reason(s): __ Medical __Personal

Description:_____
_____
_____

Anticipated Date of Return: _____

Do you currently hold a fellowship from outside Yale? Yes ____ No ____

If yes, from where? _____

_____ _____ _____
Student Signature Date Specialty or Program

_____
Forwarding Address

Phone Number: _____ Email: _____

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Approvals

The above student is granted a leave of absence or withdrawal in good standing. The effective date of the leave of absence or withdrawal is _____.

_____ _____
Specialty Director or Program Chairperson Date

_____ _____
Assistant Dean for Student Affairs Date

Registrars Action (Student Record Adjusted): Tuition Adjusted:

Financial Aid Action: Fellowship Adjusted:

Medical Recommendation Received:
(for Medical Leave Only)