JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools

Leave-of-Absence Form

Leave-of-Absence

Leave-of-Absence Extension Program: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ $20.00 Processing Fee

Student Name: Last 4 Digits SS#: \_\_\_

PRINT

Address: Telephone #:

I, , would like to request the above Leave of Absence from the JFK Muhlenberg Snyder Schools of Nursing and/or School of Radiology for the

semester. A Leave of Absence is valid for one semester. I have paid the $20.00 non-refundable processing fee. ([www.jfkmuhlenbergschools.org](http://www.jfkmuhlenbergschools.org)) online payment

Reason(s) for requesting a Leave of Absence:

Please be advised that all approved leaves of absence are included in the time limit that each student has to complete the program.

Nursing – ACEN Accredited:

Students who are returning to The School of Nursing from a medical illness must contact the School’s Student Health Nurse for clearance procedures. Students returning from any type of leave are encouraged to practice in the Skills Lab two weeks prior to the beginning of the semester.

Radiology: Radiography and Sonography

Students in the Radiology programs who have been out of class for 90 days or more must be re-evaluated in ALL required clinical competencies prior to the completion of the first semester in which they return. The student must schedule lab & practice hours the Program Director prior to the return to class.

Student Signature: Date:

FOR OFFICE USE ONLY – Do not write below this line

Dean, Assoc. Dean or Director:

Director of Registration and Enrollment:

Director of Financial Aid:

Student Accounts:

Student Health Nurse:

Leave of Absence: ⁭ Approved ⁭ Denied Date:

Revised 08/18