Undergraduate Nursing Students Returning from a Leave of Absence

Student Signature Required

I understand that it is my responsibility to meet with the Assistant/Associa	te Dean before re-entering the
program, and demonstrate eligibility to return to courses, as required. I u	nderstand that additional testing and
clinical remediation may be required. I understand that I may be placed of	on a waiting list for clinical placement
upon returning to clinical courses after an absence of two semesters (one	year).
Student Signature	Date