

Mercer County Community College

Division of Health Professions

Nursing Education Program

Leave of Absence Request Form

Name: _____

Student ID: _____

I am requesting a leave of absence from the Nursing Education program.

I understand that this leave of absence may not exceed two semester. If my leave exceeds two semester, I will be required to reapply to the Nursing Education program to restart the professional phase.

I also acknowledge that I must still complete the nursing education program within six semester of my first nursing class.

I understand that an interruption in my nursing education can impact my ability to be successful in the program.

Anticipated return semester/year: _____

Student Signature

Date