,

**School of Nursing**

**Office of Academic Affairs**

**Mail Code SN-ADM**

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**Portland, OR 97239-2941**

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Month xx, 202x

Student Name

Address Line 1

Address Line 2

Dear {First Name}:

We have received your request to take a leave of absence from your current program. We are granting you an official leave of absence from the {Program Name} Program for {List out academic terms that LOA will be granted} with the expectation that you will return to the program {Term} 202x.

Please review the following points regarding our leave of absence **policy** as it relates to you:

1. After the successful completion of one term, students may, under exceptional circumstances, be granted a leave of absence for up to a program total of four quarters.
2. While on leave, a student is no longer considered actively enrolled and may not be eligible for university services including financial aid.
3. Not returning from a leave of absence as approved will be grounds for administrative withdrawal from OHSU School of Nursing.
4. Per OHSU Background Checks Policy No. 03-10-011, students returning after a leave of 180 days or longer will need to complete an additional background check prior to returning to the School of Nursing.
5. Per OHSU COVID-19 Immunizations and Education Policy 03-30-150, all OHSU members must (A) provide documentation that they are fully vaccinated with an FDA or WHO-authorized COVID-19 vaccine *or* (B) obtain an exception, complete education, and adhere to set requirements for unvaccinated individuals. Return from LOA is contingent on a student compliance with this policy.
6. {Program Directors/CADs: Insert any additional stipulations here as needed}
7. {Identify any prior leaves and the total amount of time the student has been granted if applicable (i.e. the student took a previous LOA for one term and is being granted a second leave for an additional term).}
8. Academic progression in the program is contingent upon the availability of clinical space at the time of return. Every effort will be made to secure clinical placements for students returning from a leave of absence. **However, because clinical placements are limited, students may not be able to return in the anticipated term and/or to the campus previously attended (for programs with clinical only)**.

Items 9 and 10 may be applicable to the Undergraduate Programs only.

1. For undergraduate students who interrupt their nursing program for an extended leave of absence, it is recommended that they continue to participate in a healthcare setting in some capacity.
2. Knowledge and clinical skills will need to be at the same level of the course that the student is returning to. It will be the student’s responsibility to maintain competency. Students will be assessed for clinical competency the term before progressing.

{Undergraduate Only} Students whose LOA was triggered by academic probation, are required to enroll in Individualized Educational Review Course for (pre-licensure) undergraduate students, a 1-2 credit course, depending on requirements

You will need to contact the {Position, example: Senior Program Associate}, {Name}, {Email Address}, by the first day of classes, one term prior to the anticipated return date to discuss your plans and intent for returning and completing your overall program of study on a space available basis. **Not returning from an LOA, as outlined, will be grounds for administrative withdrawal from the program.**

Please feel free to contact me if you have any questions about your leave of absence.

Sincerely,

PD Signature Block

CC: Office of the Registrar

Senior Associate Dean for Student Affairs

Senior Associate Dean for Academic Affairs

Assistant Dean for Academic Services

Clinical Placement Office

Student File