

**MSN PROGRAM PETITION  
PETITION for LEAVE of ABSENCE/EXCEPTIONS**

*(Please get all appropriate signatures)*

All ANP, FNP, PNP and WNP students must complete ALL coursework the last semester the MSN program is offered or students will become part of the BSN-DNP program. N5547 will be taught the last time to Adult/Family/Pediatric & Women's Health FS13. N5572 will be taught for the last time to Adult & Family students FS14 & to Pediatric & Women's Health SP15. There will be no exceptions!

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
STUDENT ID #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CURRENT ADDRESS W/ STREET, CITY, STATE, ZIP

\_\_\_\_\_  
UMKC E-MAIL

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

**CURRENT PROGRAM:**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Adult NP  | <input type="checkbox"/> Neonatal NP    | <input type="checkbox"/> Pediatric NP      |
| <input type="checkbox"/> Family NP | <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Women's Health NP |

**LEAVE OF ABSENCE (LOA)**

Semester (s) requesting leave \_\_\_\_\_ Will Return \_\_\_\_\_

Will this LOA be between any clinical courses? **Y** **N** If yes which ones? \_\_\_\_\_

When you return, # of courses you plan to take per semester? \_\_\_\_\_ Plan to attend Summer? \_\_\_\_\_

Reason for LOA (**Attach additional sheet if necessary**):

- Leave of Absence Considerations
- If you are currently receiving Financial Aid, have you met with that office and discussed ramifications for said leave?
  - Are you all paid up at the Cashiers Office? If you are taking a leave, be sure you are not enrolled for that semester and that you do not owe any money.
  - If you are an International student, have you met with that office and discussed ramifications for taking a leave.

**Note: You have been advised that this change in your plan of study may result in a delay of taking clinical courses and that continued deviation may result in you becoming part of the BSN – DNP program. Clinical placement is on a space available basis. \_\_\_\_\_initial**

**EXCEPTION (Check appropriate below)**

- \_\_\_\_\_ Plan of study
- \_\_\_\_\_ Course Pre-requisites
- \_\_\_\_\_ Course acceptance
- \_\_\_\_\_ Other

**Briefly explain your request for this exception and why it should be considered.**

If you are requesting a plan of study change, please also address your awareness of the upcoming BSN-DNP program and that by digressing with your progression you may find yourself part of that program.

**APPROPRIATE SIGNATURES NEEDED OR ATTACH E-MAIL OF APPROVAL FROM APPROPRIATE PERSON**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Mentor Signature of Approval

\_\_\_\_\_  
Date Petition Signed by Student

\_\_\_\_\_  
Date of Advisor Approval

\_\_\_\_\_  
Date Application Received By Student Services

\_\_\_\_\_  
Date of Next Student Affairs Committee Mtg.

\_\_\_\_\_  
Date Reviewed by Student Affairs Committee

\_\_\_\_\_  
Date Letter Sent to Student

This request will be reviewed at the next Program Committee meeting and a final decision will be e-mailed to you.