

**APPENDIX A**  
**University of South Carolina**  
**Request for Leave of Absence from Upper Division**  
**USC College of Nursing**

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

Student number \_\_\_\_\_

**1** Reason for this request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2** Semester/year request is for \_\_\_\_\_

**3** Approved

Disapproved

Signed:

\_\_\_\_\_  
Undergraduate Dean/Graduate Director

I understand that by not continuing in the required sequencing of my program of study in the upper division, I am not guaranteed a place in the remaining nursing courses if I wish to re-enroll. I will be permitted to register in courses as space is available. I understand a lottery process may be necessary for selection of students if space is limited.

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

**This form will not withdraw a student from the University**