Leave of Absence Policy

A leave of absence (LOA) is a temporary interruption in a student’s program of study. Students on an approved leave of absence who return within the timeframe indicated on the leave of absence form do not need to seek formal readmission. Students may request a leave of absence one time. Exceptions for additional leaves of absence due to emergency medical conditions or military duty will be considered upon submission of supporting documentation. A LOA cannot exceed 180 days in any 12 month period and may have a serious impact on a student’s financial aid. Any student who receives financial aid and is considering requesting a LOA, must consult with the Financial Aid Office to determine how their financial aid will be affected. According to federal regulations, 34 CFR 668.22 (d), the following criteria outlines the requirements to process an approved LOA:

- The student must request the leave of absence in writing to their Dean for approval at least two weeks in advance of leave start date (unless in unforeseeable circumstances), and must be in accordance with institutional policy.
- The letter should state the reason(s) for the request. NOTE: A LOA cannot be granted for academic reasons (i.e. to keep a student from failing).
- There must be reasonable expectation that the student will return from LOA, based on the information presented in the LOA application.
- A student returning from a LOA must resume training at the point in the academic program as outlined below. NOTE: Because RGCOHC operates a clock hour program, a student who is granted a LOA would only be considered for reentry as follows:

<table>
<thead>
<tr>
<th>August</th>
<th>January</th>
<th>August</th>
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</thead>
<tbody>
<tr>
<td><strong>Term 1</strong></td>
<td><strong>Term 1</strong></td>
<td><strong>Term 1</strong></td>
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<tr>
<td>Aug. 4 – Nov. 21</td>
<td>Jan. 7 – May 8</td>
<td>Aug. 4 – Nov. 21</td>
</tr>
<tr>
<td><strong>Term 2</strong></td>
<td><strong>Term 2</strong></td>
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<tr>
<td>Course: PN II</td>
<td>Course: PN II</td>
<td>Course: PN II</td>
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<tr>
<td>Nov. 23 – Mar. 20</td>
<td>Exempt from A&amp;P, PN I</td>
<td>May 11 – Sept. 4</td>
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<tr>
<td><strong>Term 3</strong></td>
<td><strong>Term 3</strong></td>
<td><strong>Term 3</strong></td>
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<tr>
<td>Course: PN III</td>
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<tr>
<td>Mar. 22 – June 17</td>
<td>Exempt from A&amp;P, PN I</td>
<td>May 11 – Sept. 4</td>
</tr>
</tbody>
</table>

LOA in good academic standing before completing term 1

LOA after successfully completing term 1 or before completing term 2

LOA after successfully completing term 2 or before completing term 3
• A student returning from LOA is required to attend orientation, and maintain current BLS certification and all other program requirements in place upon return.

• Upon return from LOA a student is not eligible for any additional federal student aid as the institution may not assess additional charges.

• A student granted a LOA is not considered withdrawn and no return of Title IV calculation is required.

• If a student does not meet the LOA criteria, the student is considered to have ceased attendance/withdrawn from the institution and a Title IV return of funds calculation is required and will be considered withdrawn as of the last date of academic attendance prior to the LOA if the student received federal aid.
A leave of absence (LOA) is a temporary interruption in a student’s program of study. Students who wish to leave RGCOHC for one term may apply for a leave of absence. Students on an approved leave of absence who return within the timeframe indicated on the leave of absence form do not need to seek formal readmission. Application for a leave of absence must be made and receive prior approval of from the Dean. Students granted such a leave should consult with the Registrar and Financial Aid offices regarding how a leave of absence may affect their enrollment status and financial aid.

**SECTION I – TO BE COMPLETED BY STUDENT**

Name ______________________________

Student ID _______________________

Address while on leave _______________________

Phone number while on leave ___________________

Personal email ________________________________

Program of Study _____PN _____RN

I request a leave of absence for the following term (check one and enter the year):

Term 1 ________ Term 2 ________ Term 3 ________

Reason for requesting Leave of Absence (explain and attach supporting documentation)

Medical Emergency ____ Maternity ____ Military Deployment ____ Foreign aid service (Peace Corps) ____ Other, please specify ____

Explain: ___________________________________________________________________________

**SECTION II – SIGNATURES**

Student_________________________ Date __________________

Advisor _______________________ Date __________________

Dean ______________________ Date __________________

Financial Aid Director ______________ Date __________________

Registrar ______________________ Date __________________

Registrar ______________________ Date __________________

REGISTRAR’S OFFICE USE ONLY:

LOA noted in student file ____ (initials/date)

Copy provided or mailed to student ___________________ (initials/date)
RETURN FROM LEAVE OF ABSENCE FORM

SECTION I – TO BE COMPLETED BY STUDENT

Name ______________________________
Student ID _______________________
Current address _________________________
Current phone number ___________________
Personal email ________________________________
Program of Study _____PN _____RN

* * * * * *

Return date

Reason LOA was granted:
Medical Emergency _____ Maternity _____ Military Deployment _____ Foreign aid service (Peace Corps)
_____ Other, please specify _____

NOTE: Students returning from a health/medical/maternity LOA must obtain a letter from their personal physician that specifies the medical reason for the LOA and that the student is now medically clear to return to class and fully participate in clinical responsibilities.

* * * * * *

SECTION II – SIGNATURES

Student_________________________ Date __________________
Advisor ________________________ Date __________________
Dean __________________________ Date __________________
Financial Aid Director _______________ Date __________________
Registrar ________________________ Date __________________
Dean __________________________ Date __________________

* * * * * *

REGISTRAR’S OFFICE USE ONLY:
LOA return noted in student file _____ (initials/date)
Copy provided or mailed to student ____________________ (initials/date)