

Leave of Absence or Withdrawal from the SON

A leave of absence or withdrawal from the BSN program for personal reasons is allowed for up to two consecutive semesters. Students in the BSN program are only allowed one withdrawal for personal reasons from the program.

BSN students who wish to take a leave of absence or withdraw from the program for personal reasons must make formal request using the **Leave of Absence or Withdrawal Request Form**. Students who are not in good standing or who have disciplinary action pending against them require special approval. Discontinuance of study without official notification to the School of Nursing may jeopardize a student's return to the program.

Students who have withdrawn from the School of Nursing will be considered for readmission based upon:

- Space available in the cohort they will be returning. This does not apply if the withdrawal is for medical reasons or military service. Priority for registration in nursing courses will be given to the student who has failed a course then to those who have withdrawn.
- Eligibility to return to any other college attended during withdrawal period.
- Ability to meet UTC continuation standards.
- Ability to meet UTC SON core performance standards.

To request a leave of absence or withdrawal from the SON:

1. Meet with the BSN academic advisor to discuss your withdrawal and develop a revised plan of study.
2. Submit the Leave of Absence Request Form to the BSN academic advisor. The Medical Clearance form must be attached if requesting medical leave.

To request a return from a leave of absence or withdrawal from the SON:

1. Complete the **Leave of Absence Return Form**
2. Students returning from a leave taken due to medical reasons will need to submit the **Medical Clinical Clearance form completed by the student's health care provider** clearing them to return and listing any restrictions.
3. All students who have taken leave of absence or withdrawn for the semester must complete the Clinical Refresher Course. The Clinical Refresher Course will be offered the Thursday prior to the first day of class from 9:00AM-12:00PM. In preparation students must review the Clinical Refresher Course module in the BSN Canvas Organization.
4. Submit these materials to the School of Nursing by the deadlines listed below.

| | Fall Return | Spring Return | Summer Return (ABSN only) |
|---|-------------|---------------|------------------------------|
| Leave of Absence Return Form Due* | August 1 | October 1 | April 1 |
| Medical Clearance from Healthcare Provider Due if medical leave | August 1 | October 1 | April 1 |

*The School of Nursing may deny any requests to return that come in after the specified deadlines.

5. Consult with the BSN Academic Advisor regarding any clinical compliance requirements that need to be fulfilled, depending on the student's semester of return and revised plan of study.

In addition to the above information, please note the following policies:

- Students must reapply to the university through the UTC Admissions office.
- Students who were not in good academic standing at the time of the leave of absence request will return to the same academic standing status they held (for example, probation) when they left.
- Students cannot receive transfer credit for nursing courses taken at another institution while on a leave of absence.
- Students in level 1 of the TBSN or semester 1 partial term 1 of the ABSN must reapply to the BSN program if they withdraw for personal reasons.

Request for Leave of Absence (LOA) or Withdrawal

Upon completion of this form please submit by email to the BSN Academic Advisor

Student Name: _____ UTC Mocs Id: _____ Date: _____

Classification: ☐ 1st Level TBSN ☐ 2nd Level TBSN ☐ 3rd Level TBSN ☐ 4th Level TBSN ☐ 5th Level TBSN
☐ 1st Semester ABSN ☐ 2nd Semester ABSN ☐ 3rd Semester ABSN

Semester Requesting Withdrawal: _____ Semester Plan to Return: _____

Basis upon which leave is requested: ☐ Personal ☐ Medical (Must attached Medical Clinical Clearance form) ☐ Military

Contact Information while on LOA:

Phone # _____ Email Address: _____

Student LOA Check List:

- ☐ I have met with the BSN Academic Advisor to discuss my leave of absence or withdrawal.
- ☐ I understand I must withdraw from all nursing courses if I am currently enrolled for the semester. The SON does not allow students to drop select courses for a leave of absence or withdrawal of any type.
- ☐ I understand it is my responsibility to check with the Mocs One Center regarding continuation of financial aid and scholarship requirements during a leave of absence.
- ☐ I understand that I will need to update immunization, drug screen, and background check requirements before I can re-enroll in the School of Nursing.
- ☐ I understand I am only allowed to withdraw from the School of Nursing for personal reasons one time.
- ☐ I understand withdrawal from the BSN program for personal reasons is allowed for up to two consecutive semesters
- ☐ I understand that I need to submit the Return from Leave of Absence form by August 1st for a fall return, October 1st for a spring return and April 1 for a summer return.
- ☐ I understand if my program curriculum or plan of study change or cease during my Leave of Absence, I will be required to follow the curriculum/plan of study offered at the time of my return.
- ☐ I understand if the leave of absence is for medical reasons, I must have my healthcare provider complete the Medical Clinical Clearance form clearing me to return to clinical and listing any restrictions.
- ☐ I understand I must complete the Clinical Refresher Course. The Clinical Refresher Course will be offered the Thursday prior to the first day of class from 9:00AM-12:00PM. In preparation I must review the Clinical Refresher Course module in the BSN Canvas Organization.

Student Signature: _____ Date: _____

SON Follow Up:

Return from Leave of Absence (LOA) or Withdrawal

Upon completion of this form please submit by email to the BSN Academic Advisor

Student Name: _____ UTC Mocs Id: _____ Date: _____

Classification: ☐ 1st Level TBSN ☐ 2nd Level TBSN ☐ 3rd Level TBSN ☐ 4th Level TBSN ☐ 5th Level TBSN
☐ 1st Semester ABSN ☐ 2nd Semester ABSN ☐ 3rd Semester ABSN

Semester Requesting Withdrawal: _____ Semester Plan to Return: _____

Student LOA Check List:

☐ I have discussed my return with the BSN Academic Advisor.

----- I have reapplied to the university for general admission through the UTC Admissions office.

☐ I understand that I will need to update immunization, drug screen, and background check requirements before I can re-enroll in the School of Nursing.

☐ I understand that if my leave or withdrawal was for personal reasons, I must wait for a space in the cohort I am returning to open before I can register for nursing courses.

☐ I understand it is my responsibility to check with the Mocs One Center regarding continuation of financial aid and scholarship requirements after a leave of absence.

☐ I understand if my program curriculum or plan of study has changed or ceased during my absence, I understand I will be required to follow the curriculum/plan of study offered at the time of my return.

☐ I understand if the leave of absence is for medical reasons, I must attach the Medical Clinical Clearance form completed by my healthcare provider.

☐ I understand I must complete the Clinical Refresher Course. The Clinical Refresher Course will be offered the Thursday prior to the first day of class from 9:00AM-12:00PM. In preparation I must review the Clinical Refresher Course module in the BSN Canvas Organization.

Student Signature: _____

Date: _____

SON Follow Up: Cohort returning to: _____ Space Available: _____

----- Readmitted to UTC

----- All forms/documents received

----- Registered for nursing courses if space permits

----- Clinical requirements updated, including repeat background check and drug screen if applicable.

----- Clinical Refresher completed

Medical Clinical Clearance Form

Student Name: _____ **UTC Mocs Id:** _____ **Date:** _____

In order to assure the health and well-being of both the student and patient, the School of Nursing has developed this form for students to take a medical withdraw from the program or return to clinical after surgery or illness. This form will be secured in the student's nursing file. For Nursing there are core competencies that each student is expected to be able to perform. The following Core Performance Standards identify some of the essential eligibility requirements for participation in the nursing program.

| ISSUE | AS EVIDENCED BY: |
|--|---|
| Gross and Fine Motor Skills STANDARD Gross and fine motor skills sufficient to provide safe and effective nursing care. | <ul style="list-style-type: none"> Perform physical activities necessary to do basic fundamental nursing skills such as putting on sterile gloves, donning mask and gown, operating a manual and/or electronic blood pressure cuff, sterile technique and other essential fundamental nursing skills. Perform correct hand washing technique and behaviors. Provide or assist with activities of daily living such as bed bath, hygiene, toileting, positioning clients, making an occupied and unoccupied bed. Manipulate instruments, supplies, and equipment with speed, dexterity, precision, and adequate eye-hand coordination. Correctly administer oral, and parenteral medications to maintain client safety. Perform electronic keyboarding/documentation and/or extensive writing with a pen and/or pencil. Maintain and safely operate orthopedic device such as traction equipment, casts, and assistive devices. Perform cardiopulmonary resuscitation procedures maintaining health teams and client safety. Calibrate and use equipment (i.e. syringes, vials, ampoules and medication packages, manual blood pressure cuff, don sterile gloves, etc.). Grasp small objects with hands (e.g. IV tubing, pencil). Pinch/pick or otherwise work with fingers (e.g. manipulate a syringe, eye dropper, etc.). Twist (turn objects/knobs using hands). |
| Visual Ability STANDARD Visual ability sufficient for observation and assessment necessary for safe client care. | <ul style="list-style-type: none"> Perform basic nursing skills such as insertion of a catheter, insertion of an IV, counting respirations, preparing and administering medications. Observe client responses (level of consciousness, respirations patterns) and recognize subtle physical changes. Read small print, gauges, thermometers, measuring cups, syringes, and other equipment. Discriminate colors, changes in color, size, and continuity of body part. Accurately identify, prepare, and administer medications. Identify hazards in the environment (safety rails, restraints, water spills and harmful situations). Correctly visualize written words and information on paper and on a computer screen. |
| Tactile Ability STANDARD Tactile ability sufficient for physical assessment | <ul style="list-style-type: none"> Correctly perform palpation, functions of physical examination and/or those related to therapeutic intervention. Don and wear gloves and other protective devices while accurately performing physical assessment. Correctly perform skills that require tactile sensation. Accurately palpate for pulses, temperature, texture, hardness or softness, landmarks, etc. |
| Emotional Stability STANDARD Emotional stability sufficient to tolerate rapidly changing conditions and environmental stress | <ul style="list-style-type: none"> Establish therapeutic interpersonal boundaries. Provide clients with emotional support. Adapt to changing environment and stress while maintaining professional conduct and standards without displaying hostility, agitation, rudeness or belligerence. Poses no threat to self or others. Perform potentially stressful tasks concurrently. |

Source: Southern Council on Collegiate Education for Nursing (2013) and Armstrong Atlantic State University (2012). For more information visit the SREB website at www.sreb.org/page/2390/the_americans_with_disabilities_act.html.

Please check your recommendation for this student:

☐

Is able to perform the core competencies listed above to attend the clinical lab. Specify any restrictions and length of time that restrictions will be in place if student is returning after an injury or illness:

☐

Is not able to perform the core competencies listed above to attend the clinical lab. It is recommended the student take a medical withdrawal at this time.

Healthcare Provider's Name (Printed)

Healthcare Provider's Signature

Date