



UNIVERSITY OF  
**SOUTH CAROLINA**  
BEAUFORT

Department of Nursing and Health Professions

## Leave of Absence Form

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 and if I meet the current course and program requirements. I will apply for re-entry to the Student Affairs Committee.

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Student's Signature

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Date

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Nursing Advisor Signature

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Date

**Note:** Students **must** complete all nursing courses in three and a half calendar years after acceptance into the clinical courses.