

**SAINT FRANCIS MEDICAL CENTER COLLEGE OF NURSING  
Peoria, Illinois  
Returning From Leave of Absence**

**NAME:** \_\_\_\_\_

**I am returning to the College of Nursing:** \_\_\_\_\_ **(Program)**  
\_\_\_\_\_ **(semester and year).**

**I understand I am required to notify the Dean of the Program in writing three months prior to my intended enrollment.**

**I understand I need to contact my academic advisor to update my plan of study and to register for classes.**

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**Date:** \_\_\_\_\_

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(Area Code) (Home Phone) (Cell)*

\_\_\_\_\_  
*(E-mail address)*

*Signature of the Dean of the Program* \_\_\_\_\_ *Date* \_\_\_\_\_  
*Leave of Absence 7-7-15*