

BON SECOURS MEMORIAL SCHOOL OF NURSING

*Separation from School*

Name: \_\_\_\_\_  
Last First MI

Type of Separation (check one):

\_\_\_\_\_ Medical Leave                      \_\_\_\_\_ Withdrawal  
\_\_\_\_\_ Military Leave                      \_\_\_\_\_ Dismissal

Reason for Separation: \_\_\_\_\_

Anticipated Date of Return (if taking a Leave): \_\_\_\_\_  
Semester Academic Year

\_\_\_\_\_  
Date Signature of Student

\_\_\_\_\_  
Certified Last Date of Attendance: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Director, Registration and Enrollment or Registrar

- PLEASE NOTE: There will be a hold on your BSMSON transcript until this completed document is submitted to the Office of Registration and Enrollment.