

Bon Secours St. Mary's Hospital School of Medical Imaging

Clinical Leave of Absence Form

Request for Leave of Absence

I, _____, have asked for a clinical leave of absence. I understand that I must submit a written letter explaining my reasons for a leave and I must also provide documentation for the reason for the leave. I agree to meet all requirements set forth by the School prior to re-entry into the Radiography program.

Requirements:

Leave of absence start date: _____

Estimated date of return to clinical: _____

Student Signature _____ Date _____

Dean Signature _____ Date _____

Program Coordinator initials & notification date: _____

Education Experience Program Coordinator initials& notification date:
