

**University of South Carolina
College of Nursing
Leave of Absence Form**

I understand that by my 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. I understand a lottery process may be necessary for selection of students if space is limited.

Student's Signature: _____ Date: _____

Assistant Dean's Signature: _____ Date: _____