



Request for Leave of Absence

BSSW & MSW Program Students

This form is to be used to request a leave of absence for up to 12 months. Even with an approved Leave of Absence, the student must complete the MSW program within six years. Directions: Complete the information requested on this form. Attach an additional sheet as needed. Obtain the signature of your Faculty Advisor. For BSSW students, return the completed form to the BSSW Program Director, Jennie Babcock at babcock.79@osu.edu or 308 Stillman Hall. For MSW Students, return the completed form to the MSW Program Director, Lois Stepney at stepney.3@osu.edu or 305 Stillman Hall. After your request has been reviewed, you will receive an email notifying you of the Director's decision.

Section I: To be completed by the student

Name (Last, first): _____

Address (City,
State, Zip Code): _____

Telephone (cell): _____

Other: _____

E-mail
address(es): _____

OSU Student ID: _____

Current Program:
BSSW or MSW _____

Term/year
Admitted
Into the program: _____

Current CGPA: _____

Faculty Advisor: _____

Are you currently enrolled in field or entering field education next semester?

Yes No

If yes, did you notify your field agency?



Field Agency Name (if applicable): _____

Person notified: _____

Do you discuss returning to placement following your leave?

Did you submit your current timesheets?

*Language on accepting/denying previous field hours

Did you notify your field liaison?

Field Liaison Name (if applicable)

If no, please email cswfield@osu.edu immediately.

Yes No

Semester you plan on returning to your Field Placement Semester & Year: _____

**For students who will need to be placed or re-placed in a field agency upon return, please note that you will need to contact the field placement office one semester prior to returning to the program to re-start the placement process. Contact cswfield@osu.edu*

Reason for Leave of Absence (Please attach an explanation or documentation):

Physical Health Condition

Childbirth or Adoption

Financial Hardship

Mental/Emotional Health Condition

Employment Obligations

Caregiving for immediate family

Other (please specify)

Term(s) for Leave of Absence (Please indicate which term(s) you plan to be on leave):

From _____ Year _____
Summer _____
Autumn _____
Spring _____

To _____ Year _____
Summer _____
Autumn _____
Spring _____

I certify that everything reported on this form is true and that I will not be enrolled in any OSU courses during this leave of absence and I will notify the BSSW Program or the MSW Program and Field Education Office one semester before returning to the program.

Student's signature

Date

Section II: To be completed by the MSW or BSSW Program Office

Approved

Denied



Program Director

Date

Section III:

Approval to return to the Program
Program

Denied Return to the

Program Director

Date