Department of Occupational Therapy
Admission, Progression and Retention Committee
Application for Delay in Program Progression/Leave of Absence

Student’s Name: _______________________________ Date: ________________

Advisor: ____________________________________________________________________________

Current Course Instructors: ______________________________________________________________
____________________________________________________________________________________

Dates for Request: From ___________________________ To ____________________________

Specific Reason for Requesting a Delay in Progression/Leave of Absence:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

• Application for Delay in Progression must be submitted within two weeks of the last semester of enrollment in OTS courses.
• Application for Leave of Absence must be submitted as soon as possible
• A Delay in Progression/Leave of Absence will be granted for no longer than one year. To extend a Delay in Progression/Leave of Absence, the student must reapply to the committee.
• If the Delay in Progression/Leave of Absence is granted, to ensure space in the program sequence you must notify, in writing, your intent to return to the program. The notification is to be directed to the Chair of the Admissions, Progression and Retention Committee by October 31 (for the following Spring Semester) or March 1 (for the following Summer/Fall Semester).
• Failure to comply with the procedures will result in a loss of the reserved space. Loss of reserved space will require re-admission to the OS or OT Program through Admission, Progression and Retention Committee.

By signing my name, I am indicating that I understand and accept the responsibilities associated with the Delay in Progression/Leave of Absence application.

Applicant’s Signature: _______________________________ Date: ________________

Admission, Progression and Retention Committee Action
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Committee Chair’s Signature: _______________________________ Date: ________________
Department Chair’s Signature: _______________________________ Date: ________________

Final signed copy sent to: Advisor
Student
BSOS/MSOT Program Coordinator

Revised & Approved: 2-14-2012