



Students may request to take a leave of absence from enrollment in courses for up to two consecutive semesters. Failure to submit this completed form, or to register at the end of the approved leave, will result in the student having to reapply to Providence and comply with any applicable changes in admissions, financial aid, and/or graduation requirements.

Name: \_\_\_\_\_  
Last First Middle Initial

Permanent Home Address:

Street City State Zip Code Country

Personal email address: \_\_\_\_\_

**Plan to begin leave:** Fall / Spring of 20\_\_\_\_ ex. Fall / Spring of 2016

**Plan to return:** Fall / Spring of 20\_\_\_\_

Please indicate the reasons you are requesting a leave of absence. Describe your plans for the semester(s) between now and the time you will return.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Financial Aid Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Academic Adviser Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Registrar Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Leave Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By: \_\_\_\_\_ On \_\_\_\_/\_\_\_\_/\_\_\_\_