



Office of the Registrar Leave of Absence Notification

Students may request to take a leave of absence from enrollment in courses for a maximum of one semester. 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 ____/____/____