

UNIVERSITY OF RHODE ISLAND
THE GRADUATE SCHOOL

Check one:

_____ Leave of Absence (GSM 4.40)

_____ Permanent Withdrawal (GSM 4.60) Optional - please indicate reasons

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Please Print:

STUDENT'S NAME:

STUDENT NUMBER:

EFFECTIVE DATE:

RE-ENROLLMENT DATE: Fall ___ Spring ___ Summer ___
(circle one) Yr. Yr. Yr.

PROGRAM:

STUDENT'S SIGNATURE: _____
.....

For Leave of Absence Only:

(1) A letter stating the reasons for the requested leave must be attached.

(2) Program Director's endorsement: _____ Date: _____

(3) Graduate Dean's Approval: _____ Date: _____

Please note that students who do not register for the semester following a leave of absence will be considered to have withdrawn from the program. (GSM 4.62)