



PERSONAL LEAVE OF ABSENCE FORM

Graduate and Professional Studies

Name: _____ Student ID: _____

Permanent Address: _____

Date form submitted: _____ Anticipated Date of Return: _____

Email address (non-Salve email): _____

Please Check All That Apply:

Graduate International Student Financial Aid Recipient

Professional Studies Veteran

Please indicate the reason(s) for the Leave of Absence from Salve Regina University:

Personal Personal - COVID-related

It is important that students understand and seek guidance regarding their financial obligations to the institution.

- **Be aware that students receiving Title IV federal aid are considered withdrawn from the University while on a leave of absence. Please consult with your Financial Aid Counselor for more information: 401-341-2901.**
- **Students need to be in good financial standing prior to taking a leave. Please contact the business office for more information. Business office: 401-341-2900.**

Student Signature: _____ Date _____

Office of the Registrar: _____ Date _____

In order for the text to show in the PDF, you may need to select File, then print and Microsoft Print to PDF as this is a fillable form.

Kindly submit this form using your Salve email address; university policy requires use of Salve email for all communications.