



LEAVE OF ABSENCE FORM

Graduate and Professional Studies

Name: _____

Student ID _____

Permanent Address: _____

Please select Effective Date of LOA:

Date form submitted: _____

Immediately

End of Semester

Expected 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

☐

Medical

☐

Required course not offered

When students are approved for a medical leave of absence, they receive a grade of W (Withdrawn) for enrolled courses.

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- Be aware that students receiving Title IV federal aid are considered withdrawn from the University while on a leave of absence.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: financial_aid@salve.edu or 401-341-2901.
- Students need to be in good financial standing prior to taking a leave. Please contact the business office for more information: businessoffice@go.salve.edu 401-341-2900.

Student Signature: _____

Date: _____

Graduate and Professional Studies: _____

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.