

Application for Leave of Absence

Please see Section [4.30](#) of the Graduate School Manual for information about the application for a Leave of Absence.

Student Name

URI ID

Preferred E-mail

Student Phone #

Department

Program

Specialization
(if applicable)

Leave Requested

Semester Year

Expected re-enrollment

Semester Year

Reason for Requested Leave of Absence

Student: After electronically signing, please save the form in the following format, URIID_Lastname_firstname_LOA.pdf (ex:1002xxx34_Smith_John_LOA.pdf) and send as an attachment to the Department Chair/Graduate Director.

Student

Department Chair/Graduate Director: Form must be submitted for approval by the Department Chair/Graduate Director. After electronically signing the form, please save and send as an attachment to the Graduate School at gradforms@etal.uri.edu please copy-in (cc:) the student. Please write LOA in the subject line.

Department Chair/
Graduate Director

Approved Not Approved

Graduate School Use Only

Graduate
School Dean

Approved Not Approved

Notes