

UNDERGRADUATE LEAVE OF ABSENCE

Instructions: If you need time off because of extenuating circumstances, you may request a leave of absence. You may take a leave for no more than two semesters. **For approval, return your leave request to your academic dean's office.** If denied, you may withdraw. (University Manual 8.42.20)

Name: _____

URI ID #: _____

Email: _____

Phone: _____

Your College (Check one):

- University College for Academic Success
- Arts and Sciences
- Business
- Engineering
- Environment & Life Sciences
- Feinstein Education & Professional Studies
- Health Sciences
- Nursing
- Pharmacy

Reason (Check all that apply):

- Academic Performance
- Financial
- Military
- Medical
- Work
- Other (describe)

Pick A or B: I plan to start my leave:

A Today

OR

B At the end of Spring Summer Fall J Term in the year _____
and **only** for accelerated online students: Session 1 Session 2

I plan to return:

Start of Spring Summer Fall J Term in the year _____
and **only** for accelerated online students: Session 1 Session 2

STUDENT SIGN below to indicate you read and understand the following:

- If my leave starts during the current semester, my classes will be dropped and I will receive Ws if the leave is after the W deadline (Manual 8.34.10).
- A leave does not clear my bill. I will be billed based on my last day of attendance as verified by Enrollment Services.
- I may lose eligibility for scholarships (e.g. Centennial & Talent Development).
- Students on leave generally start repaying student loans. I will contact my lender for specific rules.
- I may lose my health insurance. I will contact my insurance provider with questions.
- I may lose URI campus housing. I have informed the Office of Housing and Residential Life of my intent to take a leave (401-874-4151). Housing is not guaranteed upon return.
- If I am a student in the US on a visa, I informed the Office of International Students and Scholars of my intent to take a leave (401-874-2395).
- It is my responsibility to register for classes using e-Campus for the semester I plan to return.

Student Signature: _____ (must be signed, not typed) Today's Date: _____

Academic Dean Use Only

Approved Denied New Expected Graduation Term: _____

Academic Dean: _____ (must be signed, not typed) Today's Date: _____

**PLEASE CONTACT THE APPROPRIATE DEAN'S OFFICE FOR
APPROVAL OF YOUR LEAVE OF ABSENCE.**

Students in non-degree programs are not eligible for a leave.

College of Arts & Sciences
Office of the Assistant Dean
Chafee Social Science Center
142 Flagg Rd. Kingston RI 02881

College of Business
Office of the Assistant Dean
Ballentine Hall
7 Lippitt Rd. Kingston RI 02881

**Feinstein College of Education &
Professional Studies**
Office of the Assistant Dean
Chafee Social Science Center
142 Flagg Rd. Kingston RI 02881
Shepard Building
80 Washington St. Providence RI 02903

College of Engineering
Office of the Assistant Dean
Bliss Hall
1 Lippitt Rd. Kingston RI 02881

**College of the Environment &
Life Sciences**
Office of the Assistant Dean
Center for Biotechnology & Life Sciences
120 Flagg Rd. Kingston RI 02881

College of Health Sciences
Office of the Assistant Dean
Quinn Hall
55 Lower College Rd. Kingston RI 02881

College of Nursing
Office of the Assistant Dean
White Hall
39 Butterfield Rd. Kingston RI 02881

College of Pharmacy
Office of the Assistant Dean
Avedisian Hall
7 Greenhouse Rd. Kingston RI 02881

**University College for Academic
Success**
Office of the Assistant Dean
Roosevelt Hall
90 Lower College Rd. Kingston RI 02881