Withdrawal/Leave of Absence Form

Completed forms to be submitted to:
The Office of the Registrar
420 S. Main St.
Nashua, NH 03060
asktheregistrar@rivier.edu
603/897-8218

STUDENT INFORMATION

ID Number: A00000 First Name: MI

Last Name

Address (City, ST, Zip)

Phone: Home and/or Cell

College Level: Major:

Cum. GPA: Credits Earned:

Length of intended Leave of Absence ☐ One semester ☐ Two semesters Other:

Reason for Withdrawing:

Date Notified University:

Semester/Term effective:

Student has contacted the following office: ☐ Student Financial Services ☐ Advising/Success Coach ☐ Residence Life

I hearby authorize Rivier University to withdraw me from all classes for which I am registered as of the date I have indicated. I acknowledge that doing so may affect my grade point average. I understand that after three years of non-enrollment I will have to reapply to the University.

If I am currently enrolled in the Nursing program, I understand that I must submit a separate request for readmission to the program directly to the Nursing Department when I am ready to return. If accepted for readmission, it will be on a space available basis.

Student's Signature: Date:

Advisor/Success Coach Signature: Date:

Program Director Signature
(Graduate Students Only) Date:

Completed document file should be sent to the following offices: Registrar, AVPLE, and Student Financial Services.

AVPLE OFFICE use only	Advisor/Success Coach Comments:
=Application origin	