



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: _____ First Name: _____ MI _____

Last Name _____

Address (City, ST, Zip) _____

Home _____ and/or Cell _____

College Level: _____ Major: _____

Cum. GPA: _____ Credits Earned: _____

Length of intended Leave of Absence	One semester	Two semesters	Other:
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Reason for Withdrawing: _____

Date Notified University: _____

Semester/Term effective: _____

Student has contacted the following office:	Student Accounts	Advisor	Residence Life	Financial Aid
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I hereby 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's Signature: _____ Date: _____
(Undergraduate Students Only)

Program Director Signature _____ Date: _____
(Graduate Students Only)

Advisor/Program Director Comments: _____

Completed document file should be sent to the following offices: Registrar, Student Accounts, Financial Aid, and Residence Life.