



COMMUNITY COLLEGE
OF RHODE ISLAND

Date

LEAVE OF ABSENCE FORM

NAME: _____ CCRI ID# _____

ADDRESS: _____ Telephone # _____

PROGRAM: _____

BEGINNING DATE OF LEAVE: _____

RETURN DATE FROM LEAVE: _____

Department Chair Approval

Date

A student in the Health and Rehabilitative Sciences, such as Nursing, Allied Health, Dental Health and Rehabilitative Health, may be granted a leave of up to two (2) semesters at the direction of the individual department.

Student Services Approval

Date

OES Program Contact

Date

- Copies: Department Chair
 Dean, Health and Rehabilitative Sciences
 Student Services
 OES Program Contact
 Student