

Instructions for Leave of Absence Form

Students who are seeking a Leave of Absence in the Health and Rehabilitative Sciences, such as Nursing, Allied, Dental, Rehabilitative Health or Fire Science, Emergency Management, or Health Care (Medical) Interpreter, must submit the Leave of Absence form for approval to the Department Chairperson.

Leave of Absence Procedure:

1. Fill out and sign the top portion of the Leave of Absence form.
2. Submit form to the appropriate Chairperson for approval:
 - a. Sharon Perkins
 - Clinical Laboratory Technology
 - Histotechnician
 - Phlebotomy
 - Radiography
 - Renal Dialysis
 - Respiratory Therapy
 - Diagnostic Medical Sonography
 - Magnetic Resonance Imaging
 - b. Kathleen Gazzola
 - Dental Assisting
 - Dental Hygiene
 - c. Margaret Clifton
 - Nursing Level I
 - Fire Science
 - d. Hilary Jansson
 - Nursing Level II
 - Health Care (Medical) Interpreter
 - e. Kim Crealey-Rouillier
 - Occupational Therapy Assistant
 - Opticianry
 - Physical Therapist Assistant
 - Therapeutic Massage
 - f. Joe Arsenault
 - Emergency Management
3. Upon approval and completion of form, a signed copy will be mailed to you.



COMMUNITY COLLEGE
OF RHODE ISLAND

LEAVE OF ABSENCE FORM

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

Please Note: Students who wish to officially withdraw from all registered courses for the current term must submit a Withdrawal Form to the office of Student Services.

Students who are granted a Leave of Absence may be eligible for a Tuition Appeal and should inquire at the office of Student Services.

NAME: _____ CCRI ID# _____

ADDRESS: _____ Telephone # _____

PROGRAM: _____

Student Signature

Date

Do NOT Write Below This Line – For Office Use ONLY

BEGINNING DATE OF LEAVE: _____

RETURN DATE FROM LEAVE: _____

Department Chair Approval

Date

OES Program Contact

Date

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