

The American University of Rome Office of the Registrar Via Pietro Roselli 4, Rome 00153, Italy Tel. 39-0658330919 Fax: 39-0658330992

e-mail: registrar@aur.edu

PETITION FOR LEAVE OF ABSENCE *

	Semester(s): FAL	L SPRIN	SPRING	
Student:	Last Name	First Name	M.I.	
Length of y	our leave of absence: One S	Semester Two Semester	rs 🗆	
Reason:				
Are you pla	unning on taking courses at a	nother Institution during this	s leave period?	
	YES \square NO \square			
	If yes please name:			
Leave of A	bsence Fee of € 120 paid on:	Date		
Signature of	student		Date	
Signature of	Academic Adviser/ Provost/Re	oistrar	Date	

* As per AUR's catalog on Leave of Absence:

AUR degree students in good financial standing may take a leave of absence by filing the appropriate request form with the Registrar. A leave of absence can be for no more than one year and enables automatic readmission under the same academic program. A student who fails to file a signed form and pay the required fee by the last day of add & drop and does not return by the start of classes, will be considered to have withdrawn from the University. A student must reapply for admission under then applicable rules should he or she decide to return. A leave of absence deposit fee is required ($\ensuremath{\epsilon}$ 120). This fee will be credited toward the tuition payment once the student returns, otherwise it is non-refundable. Students are advised to contact their academic advisor to understand how a Leave of absence will affect their degree progression, as well as AUR's Financial Aid Director in case they have financial aid.