



*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

STUDENT: _____
Last name (when enrolled) First name M.I.

ANSWER THE FOLLOWING QUESTIONS PLEASE:

Length of your leave of absence: One Semester Yes Two Semesters: Yes

Are you applying to another University? If yes, please name: _____

Signature of student Date

Signature of Academic Adviser/ Provost/Registrar Date

Latest version updated May 8, 2003