



Leave of Absence Request

Name _____ ID Number _____
Address _____
Signature _____ Date _____

Instructions

1. State your reason(s) for requesting a Leave of Absence.

2. What is the effective date for your Leave of Absence? _____

3. When do you plan to return to the divinity school? _____

4. Are you receiving Financial Aid? Yes No

If yes, what kind? _____

5. Are you receiving Veteran Benefits? Yes No

6. Have you completed a withdrawal form for the course(s) in which you are currently enrolled? Yes No

7. Have you paid any outstanding balance on your account? Yes No

8. Please obtain the following signatures.

Director of Student Records _____ Date _____

Vice President for Academics _____ Date _____

President _____ Date _____

Students who are granted a Leave of Absence from the divinity school must satisfy the stated degree requirements of the catalog under which they re-enter.