

OFFICE OF THE REGISTRAR

STOP-OUT / LEAVE OF ABSENCE OR WITHDRAWAL FROM SCHOOL FORM

Name: _____ Student ID # _____
Last First Middle

E-Mail Address: _____ Phone: _____

Name of Advisor: _____ Program: CP ___ MA ___ M.Div ___ D.Min ___

I am requesting a:

- Stop-Out (Leave for **ONE** semester)
- Leave of Absence (Leave for **MORE** than one semester)
- Withdrawal (**NOT** returning to school)

Semester and Year the Stop-Out/Leave of Absence/Withdrawal is to **BEGIN**: _____

Reason(s): (Check all that apply)

- Financial considerations
- Transfer to another Seminary
- Medical reasons
- Personal or family problems
- Other: _____

Explain your reasons for requesting a Stop-Out, Leave of Absence or Withdrawal; what are your plans?

Semester and Year that you expect to resume your studies: _____

THIS FORM MUST BE RETURNED TO THE OFFICE OF THE REGISTRAR

Required Signatures:

Student: _____ Date: _____

Advisor: _____ Date: _____

Academic Dean: _____ Date: _____

Registrar: _____ Date: _____