



LEAVE OF ABSENCE REQUEST FORM

International Theological Seminary (ITS) will grant a leave of absence to an enrolled graduate student who has a medical or personal reason that prohibits the student from progressing in his/her degree program. Student must submit a signed request form for a leave of absence to the Registrar.

TO BE COMPLETED BY THE STUDENT

Student Name: _____
LAST FIRST MIDDLE

Email Address: _____ Phone Number: _____

Address: _____

Program: M.Div. M.Div. Equivalent D.Min DICS Student ID Number: _____

Leave of Absence Requested for: Fall Winter Spring Year: _____

Expected Return Quarter: Fall Winter Spring Summer Year: _____

Reason for requesting leave of absence: Work Finances Medical Family Emergency Personal Other

Reason for requesting leave of absence:

Student Signature: _____ Date: _____

TO BE SIGNED BY ADMINISTRATOR

I certify that the above named student has been approved for a leave of absence for _____ (quarter/year)
and that the student is academically eligible to resume studies for _____ (quarter/year).

Name: _____ Title: _____

Signature: _____ Date: _____

TO BE SIGNED BY REGISTRAR

Name: _____

Signature: _____ Received Date: _____