International Theological Seminary

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한국어 프로그램 이메일: admin.kor@itsla.edu

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.

International Theological Seminary(ITS)는 등록된 대학원생이 의학적 또는 개인적 사유로 학위 프로그램을 진행할 수 없는 경우 휴학을 허용한다. 학생은 서명된 휴학 신청서를 반드시 학적팀에 제출해야 한다.

TO BE COMPLETED BY THE STUDENT

Student Name: _____
LAST FIRST MIDDLE

Email Address: _____ Phone Number: _____

Address: _____

Program: ❑ M.Div. ❑M.Div. Equivalent ❑ D.Min. 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 (휴학 사유를 한국어로 써주세요):

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: _____