SPSSOD Lay Program Leave of Absence Request

I am requesting a leave of absence (LOA) for the ___________________ term.

I acknowledge and understand, per program and college policies:

• It is my responsibility to notify my program advisor of any additional leave requests for future terms or other changes affecting my enrollment plans and academic progress.
• Failure to obtain an approved LOA will result in an unapproved leave and could result in dismissal from the program.
• I have (8) years to complete my program and LOA’s do not extend this period.

Date: __________________________________________

Signed: _________________________________________

Name (print): ____________________________________

UST Student ID #: __________________________________

Program: MAT MARE MAPM Lay MDiv

Program Advisor: __________________________________

Anticipated Return: __________________________________

Please provide a short explanation for your LOA Request:

• Professional: ______________________________________
• Personal: __________________________________________
• Financial: _________________________________________
• Other: ____________________________________________
  __________________________________________________

LOA requests should be received before the first day of class of the semester during which the student wishes to take a leave. Submit LOA’s to the Registrar’s office.

For Office Use Only

Date received ____________________________

Term Entered Program: _____________________ Last Term to Complete Program: _____________________

Program Director’s Approval ____________________________ Date ___________________

Academic Dean’s Approval ____________________________ Date ___________________