

## **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 \_\_\_\_\_