



LEAVE OF ABSENCE REQUEST

1. Complete the form.
2. Sign and obtain your advisor's signature.
3. MTS-FT students: Return to the Academic Program Director.  
MDiv or MTS students: Return to FST's Office of Academic Affairs.

Student Name: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Semester/Year Begun:  Fall  Spring  Summer 20\_\_

I would like to request a leave of absence from the Franciscan School of Theology in:

Semester/Year  Fall  Spring  Summer 20\_\_

Reasons(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been granted a leave of absence before?  Yes  No

If yes, when?  Fall  Spring  Summer 20\_\_

Student Signature \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Approved  Denied

VP Academic Affairs/Academic Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_