



Request for Leave of Absence / Withdrawal

Instructions: Please complete the following information and have the Program Director sign it. It is then to be submitted to the Office of Registrar.

Date: _____

Name: _____ Date of Birth: ____/____/____

Address: _____

Email Address and Telephone Number: _____

Program: MA Theological Studies ILEM MAPL

I am requesting a leave of absence.

Circle number of semesters you are requesting: 1 or 2

Effective Term: Fall or Spring or Summer of 20__

I expect to return to NDS for the: Fall or Spring or Summer of 20__

I am requesting to withdraw from NDS.

Reason for requesting leave of absence / withdrawal: Medical Personal

What was the last date that you attended classes at NDS? ____/____/____

Student's Signature: _____ Date: ____/____/____

Approval of this leave is contingent upon the student being in good standing (academically and financially) at the close of the semester before the leave begins.

OFFICE USE ONLY

Most recent semester enrolled: _____ Cumulative GPA: _____

Program Director or Academic Dean's Signature: _____

Date: ____/____/____

Registrar's Initials _____ Processing Date: ____/____/____