



DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY

AT THE GRADUATE THEOLOGICAL UNION

PETITION FOR A LEAVE OF ABSENCE FROM PROGRAM

Student's Name: _____ GTU ID #: _____
Address: _____ City/State/Zip Code: _____
Telephone: _____ Email: _____
Degree Program: _____ Advisor: _____

I have read the DSPT *Policy on Leaves of Absence and Withdrawal*. I understand that leaves of absence taken once matriculation in a degree program has begun **do** count toward the total years allowed in the program and toward the duration of financial aid limit. My payment of \$100 for the leave of absence administrative fee is attached.

Previous Leave(s) of Absence (semester/year): _____

Leave Requested for (semester/year): _____ Expected Return (semester/year): _____

Reason for Leave of Absence (attach separate sheet if necessary): _____

Signature of Student _____ Date _____

Did you receive any financial aid? _____ Yes _____ No

If yes, you must contact the DSPT Financial Aid Officer to complete an exit interview and to obtain approval.

DSPT Financial Aid Officer _____ Date _____

The student named above has discharged all financial obligations.

DSPT VP of Finance _____ Date _____

Advisor _____ Date _____

Academic Dean _____ Date _____

Registrar's Office: Last Attendance Date _____
Leave Start Date _____
Leave End Date _____
Expected Return Date _____

Registered Courses Dropped _____
Colleague (SPRO & STAL) Updated _____

Rev: 9/2017