

FRANCISCAN SCHOOL OF THEOLOGY
Leave of Absence Request

NAME: _____

DEGREE PROGRAM: _____ **SEMESTER / YEAR BEGUN:** _____

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

Fall 20____ **Spring 20**____

Reason(s): _____

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

If yes, when? **Fall** _____ **Spring** _____

Student's Signature: _____ **Date:** _____

Advisor: _____

Advisor's Signature: _____ **Date:** _____

Approved **Denied**

Dean's Signature: _____ **Date:** _____