



DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY

PETITION FOR A LEAVE OF ABSENCE

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 for the leave of absence administrative fee is attached.

Name: _____ Student ID #: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Email: _____

Degree Program: _____ Advisor: _____

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

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

Reason for Leave of Absence (*Use a supplementary sheet if necessary*)

Student Signature: _____ Date: _____

If you received financial aid you must contact the Director of Financial Aid to complete an exit interview and to obtain approval.

Director of Financial Aid Signature: _____ Date: _____

The student named above has discharged all financial obligations.

Chief Financial Officer Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____

Registrar's Office: Populi Updated

Date: _____ Initials: _____