



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 for the leave of absence administrative fee (and late fee, if applicable) 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 Financial Aid Office at (510) 649-2469 to complete an exit interview and obtain the approval of the GTU Financial Aid Officer.

GTU Financial Aid Officer _____ Date _____

The student named above has discharged all financial obligations.

GTU Business Officer _____ Date _____

DSPT Approvals:

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 _____

Revised 10/20/2011