



LEAVE OF ABSENCE FORM

Please mail or attach scan to: St. Mary's Ecumenical Institute, Attn: Dr. Fosarelli 5400 Roland Ave, Baltimore, MD 21210-1994 PFosarelli@stmarys.edu

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Program:

\_\_\_\_\_ M.A. in Theology \_\_\_\_\_ M.A. in Church Ministries \_\_\_\_\_ C.A.S.

Graduate Certificate:

\_\_\_\_\_ Biblical Studies \_\_\_\_\_ Urban Ministry \_\_\_\_\_ Youth Ministry \_\_\_\_\_ Spirituality

My Last Term is: \_\_\_\_\_

My expected Return Term will be: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students who have not been enrolled for two calendar years or more who wish to enroll in the same degree program must complete the application process again.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of Leave

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Associate Dean: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only: Registrar's Initials: \_\_\_\_\_

Date: \_\_\_\_\_