



**St. Mary's  
Ecumenical  
Institute**

## LEAVE OF ABSENCE FORM

*Please mail or attach scan to:*

St. Mary's Ecumenical Institute, Attn:Registrar  
5400 Roland Ave, Baltimore, MD 21210-1994  
registrar@stmarys.edu

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

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

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

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

**Program:**

\_\_\_\_\_ M.A. in Theology      \_\_\_\_\_ M.A. in Christian Ministries      \_\_\_\_\_ C.A.S.      \_\_\_\_\_ DMin

**Graduate Certificate:**

\_\_\_\_\_ Biblical Studies      \_\_\_\_\_ Urban Ministry      \_\_\_\_\_ CONNECT      \_\_\_\_\_ Spirituality

My **Last Term** of enrollment was: \_\_\_\_\_

My expected **Return Term** will be: \_\_\_\_\_  
(maximum of 1 year for a certificate candidate and 2 years for a degree candidate)

Reason for Request:

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

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

**Approval of Leave (comments)**

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

Associate Dean/Program Director: \_\_\_\_\_

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

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

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