



D.MIN. LEAVE OF ABSENCE REQUEST

Please submit form to registrar@stmarys.edu or mail to:

St. Mary's Ecumenical Institute

5400 Roland Ave, Baltimore, MD 21210

Doctor of Ministry students may request a Leave of Absence of up to three consecutive semesters at a time beginning with the next full term.

Name: _____

Student ID: _____

Email: _____

Preferred Phone Number: _____

My Last Term of enrollment was: _____

My expected Return Term will be: _____

(Ordinarily LOAs are taken for three semesters, beginning with the next full semester.)

Reason for Request:

Student Signature _____

Date _____

Approval of Leave for: _____
Term/Year

Term/Year

Term/Year

Comments:

Program Director Signature _____

Date _____

Registrar Signature _____

Date _____

Approval of Renewal for _____ semesters.

Comments:

Program Director Signature _____

Date _____

Registrar Signature _____

Date _____