



LEAVE OF ABSENCE REQUEST

(All Programs Except D.Min.)

Please submit form to registrar@stmarys.edu or mail to: St. Mary's Ecumenical Institute, Attn:Registrar 5400 Roland Ave, Baltimore, MD 21210-1994

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

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

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

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

Degree Program:

\_\_\_\_\_ M.A. in Theology

\_\_\_\_\_ M.A. in Christian Ministries

Graduate Certificate:

\_\_\_\_\_ C.A.S.

\_\_\_\_\_ Biblical Studies

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: \_\_\_\_\_