

**FRANCISCAN SCHOOL OF THEOLOGY**  
**Leave of Absence Request**

**NAME:** \_\_\_\_\_

**DEGREE PROGRAM:** \_\_\_\_\_ **SEMESTER / YEAR BEGUN:** \_\_\_\_\_

**I would like to request a leave of absence from the Franciscan School of Theology in:**

**Fall 20** \_\_\_\_\_ **Spring 20** \_\_\_\_\_

**Reason(s):**

**Have you ever been granted a leave of absence before?**     **No**     **Yes**

**If yes, when?**    **Fall** \_\_\_\_\_    **Spring** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved**     **Denied**

**Dean's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_