

Lutheran School of Theology at Chicago

Petition for Leave of Absence

Student's Name _____ Student ID: _____ Date _____

Leave of Absence requested for the period of: _____
(Must state specific semester(s) of year)

My anticipated date/semester of return is (be specific): _____

I desire this status because of the following reason(s): _____

My plan for the current semester's classes is as follows: _____

I have discussed this matter with my advisor, the Dean of the Community, and **any lenders who may be affected.** My signature below indicates that I understand that my leave of absence constitutes an **“inactive student status”** for the above specified period. If I have outstanding GSL student loans, I also understand that I am responsible for notifying the lending agency of my leave status and that I will be responsible for any payments requested by the lender.

I understand that if I do not register for courses at the end of the above period I will be considered to have withdrawn, and will need to re-apply for admission in order to return.

My forwarding address will be: _____

I shall follow through in securing the signatures of those listed, and then will return this form to the Registrar for transmittal and action by the Dean prior to my departure from campus.

Name: _____ Date: _____
(Please print)

(Signature)

Petition for Leave of Absence

Student's Name: _____ Date: _____

The above named student has petitioned for Leave of Absence status for the period stated. Your signature below will indicate that the records warrant such action, that outstanding debts have been paid or negotiated, and that in your opinion, the reasons stated are acceptable.

N.B. International students must see the Director for International Student Affairs & relevant degree program directors. Students with guaranteed loans (GSL) must see the Financial Aid Officer.

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	Signature of Approval	Date
Advisor	_____	_____
Financial Aid Officer	_____	_____
Dean of the Community	_____	_____
Director of your degree program	_____	_____
Director of Field Education	_____	_____
Director of Graduate Studies	_____	_____
Director of International Student Affairs _____	_____	_____
Housing Director	_____	_____
Vice President for Finance	_____	_____
Registrar	_____	_____

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Action by Dean: Approved: 0 Denied: 0

Comments: _____

Signature of Dean: _____ _____
Date

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Copies to: _____ by _____ on _____