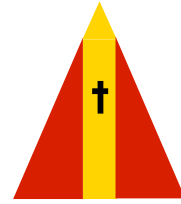


**HOOD THEOLOGICAL SEMINARY**  
Salisbury, North Carolina



**Application for Leave of Absence or Withdrawal**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Last Date in Class: \_\_\_\_\_

**I hereby request:**

- A Medical Leave of Absence (Doctor's note may be required).
- A Leave of Absence from the Seminary for the following reason(s):
  - Financial  Military  Church/Job related  Personal  Academic  Other \_\_\_\_\_

Expected Date of Return \_\_\_\_\_

I understand the following regarding my request:

- I will be charged a matriculation fee for each semester of leave up to 1 year.
- If I do not return within one year, and have not obtained an extension of my leave, I will be withdrawn from the seminary.
- I am responsible for all financial obligations to the seminary.
- I am responsible for the return of library books and any outstanding library fees.
- If I receive financial support from a third party, I will notify them of my change in status.
- If I decide to return, I will apply for readmission, and pay all fees associated with readmission.

- Withdrawal from the Seminary for the following reason(s):
  - Transferring to another institution. Institution Name: \_\_\_\_\_
  - Church/Job transfer  Financial  Personal  Other: \_\_\_\_\_

*I will adhere to the policies that pertain to my leave/withdrawal status.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:** (Official withdrawal date is the date the Registrar receives this form)

Date Received: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_

**Necessary Signatures:**

1. **Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. **Academic Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. **Residence Hall Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. **Librarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

5. **Financial Aid Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_

6. **Fiscal Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_