



WEST INDIES SCHOOL OF THEOLOGY

APPLICATION FOR LEAVE OF ABSENCE

Applications for Leave of Absence for a semester shall be submitted by the end of the third week of the relevant semester while applications for Leave of Absence for the academic year shall be submitted by the end of the third week of Semester I.

Leave of Absence, if granted, will not be less than one semester or greater than one academic year in the first instance and will not be granted for more than two consecutive academic years.

DATE: _____

TO: V.P. Academic Affairs

STUDENT I.D. # _____

FROM: _____
Name of Student (Please Print)

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ PHONE #: _____

PROGRAMME OF STUDY: _____

DATE FIRST REGISTERED IN PROGRAMME: _____

Full-Time Part-Time

I hereby apply for Leave of Absence from WIST for (Please tick appropriate box):

Academic Year _____ Semester I _____ Semester II _____

REASON

Financial Work-related Medical (Medical Certificate must accompany your application)

Other

Please explain the reason you indicated above _____

Have you ever been granted a Leave of Absence?: Yes No

If so please list periods: _____

SIGNATURE OF STUDENT

FOR OFFICIAL USE ONLY

Approved Yes No

Period Approved _____

Due date of re-registration _____

SIGNATURE OF V.P. ACADEMIC AFFAIRS

DATE