

STUDENT LEAVE OF ABSENCE

Rev. 6/10/14

I, _____, request permission for a leave of absence from Divine Word College for a period of no longer than one year and effective starting on _____.

My reason(s) for obtaining a leave of absence are:

While away from Divine Word College, I will do the following to deal with the reason(s), ~~and~~ that I can return to the College ready to complete my program:

At least six weeks prior to the semester of return, I will contact the Dean of Students and Vice President for Academic Affairs of my intention to return to the College.

If I do not return to Divine Word College within the period of my leave, I will need to follow the readmission process as stated in the Divine Word College Catalog.

Student: _____
Signature Date

Dean of Students: _____
Signature Date

VP of Academics: _____

Student Leave of Absence Policy