Leave of Absence / Withdrawal Form

Date: _______________________________________________________

Student’s Name: _______________________________________________

___ Masters Degree ___   Post-Masters Certificate ___ Audit

Last Date Attended: ____________________________________________

Check one:

Withdrawal from St. Joseph’s Seminary ____

Withdrawal from Course: ____ List course ____________________________________

Withdrawal – Leave of Absence for Semester ____________________________

Reason for leave of absence or withdrawal:

________________________________________________________________
________________________________________________________________

To withdraw from St. Joseph’s, a student must obtain this form and secure the signature from the Associate dean

Student’s signature: ____________________________________________

Associate Dean’s signature: ________________________________

Withdrawal interview: _______________________________________

Official withdrawal date: _________________________________

A copy of this form is retained in the students file; a copy goes to the student.