

**Leave Of Absence Petition**

Name: CUID #:

Address: Phone: Email:

Program (Major):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Theology: | ⃝ B.A. | ⃝ M.A. | ⃝ M.Div. | ⃝ D.Min. |

I request a Leave of Absence (LOA) for:

⃝ Winter ⃝ Spring ⃝ Summer ⃝ Fall, Year (20 ) Reason for Request:

⃝ Financial ⃝ Medical/Health ⃝ Personal ⃝ Military ⃝ Employment

I understand that if I do not return to the University following the approved term for my LOA and I later

decide to continue my coursework at the University, I will need to apply for readmission and will be required to follow the program requirements in effect at the time of my return. The *Application for Readmission* to

Covenant University is submitted to the school/college where I plan to continue my education. I understand and agree to this policy:

Student’s Signature\_

Date:

DAR’s Signature

Date:

Rev.06/2018