

# Chafer Theological Seminary

## LEAVE OF ABSENCE / WITHDRAWAL FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

I am requesting  LEAVE OF ABSENCE  WITHDRAWAL

**EFFECTIVE**  Fall  Winter  Spring  Summer Year \_\_\_\_\_

I **plan** to return  Fall  Winter  Spring  Summer Year \_\_\_\_\_

I plan to miss  1 semester  2 semesters

The Leave of Absence Fee is \$15.00 per missed semester.

With this form I have included the fee of  \$15.00 for 1 missed semester  
 \$30.00 for 2 missed semesters

I **DO NOT** plan to return to CTS

I wish to withdraw from all classes

### Primary reason for my request is:

*(please check one)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic                | <input type="checkbox"/> Health          | <input type="checkbox"/> Transfer to another school |
| <input type="checkbox"/> Family/Personal Reasons | <input type="checkbox"/> Ministry        | <input type="checkbox"/> Work                       |
| <input type="checkbox"/> Financial               | <input type="checkbox"/> Secular Studies | <input type="checkbox"/> Other (specify) _____      |

Remarks or other information:

**CURRENT ADDRESS:**

**NEW ADDRESS: Effective** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CTS Signature**

\_\_\_\_\_  
**Date**

Please return this form to:

Chafer Theological Seminary  
PO Box 93580  
Albuquerque, NM 87199-3580