

LEAVE OF ABSENCE APPLICATION

Full Name:				Religious or Maiden Name:		
Primary Phone Number:				Holy Apostles Email:		
Other Email:						
Your primary	mode of study:	Residential _/	On Camp	ous 🗆 Onli	ne	
Are you curr	ently receiving Finan	cial Aid to s	tudy at HA	CS? Yes	No	
What semeste	er did you begin stud	lying at Hol	y Apostles	College & Sen	ninary?	
YEAR:	TERN		all	Spring	Summer	
In what seme	ester did you last enro	oll in a cours	se at Holy A	Apostles Colle	ge & Seminary?	
YEAR:	TERN	И: Fа	all	Spring	Summer	
Semester who	en your leave will beg	gin:				
YEAR:	TERN	И: Fа	all	Spring	Summer	
Semester who	en you plan to return	from leave:				
YEAR:	TERM	Л: Б	all	Spring	Summer	
	Reaso	n for reques	ted Leave	of Absence (ch	neck all that apply):	
		Academics			Military Service	
	Employment				Personal Health	
Family				Personal (Non-Health)		
	Finances				Other	
-	STUDENT'S SIGNATURE DEAN'S SIGNATURE				DATE	
-					DATE	



Holy Apostles College & Seminary Leave of Absence Policy

Holy Apostles College & Seminary allows a maximum of one year (three semesters) of leave. Following that year or beginning with the semester when you plan to return from leave, whichever comes first, the time allowed for completing the program begins to run again.

Without a Leave of Absence, students who enrolled in an M.A. degree at Holy Apostles College & Seminary before the Fall 2010 semester have ten years to complete their programs. Students who enrolled in an M.A. or MAPS degree at Holy Apostles during or after the Fall 2010 semester have six years to complete their degrees. Students enrolled in the A.A. degree have three years to complete their degrees and students in the B.A. program have six years.