



**Pontifical John Paul II Institute for Studies on Marriage and Family  
at The Catholic University of America**

**REQUEST BY STUDENT FOR LEAVE OF ABSENCE  
FROM PROGRAM**

<b>DATE</b>	
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**Student Information**

Last Name		First Name			
Student Number		Program	<input type="checkbox"/> MTS	<input type="checkbox"/> STL	<input type="checkbox"/> STD
Year / Semester			<input type="checkbox"/> MA	<input type="checkbox"/> Ph.D.	

**I request a leave of absence from my degree program noted above from**

\_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

<b>REASON*</b>	<input type="checkbox"/> Health	<input type="checkbox"/> Finance	<input type="checkbox"/> Time	<input type="checkbox"/> Other	<input type="checkbox"/>
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\*Please see attached letter.

<b>INTERIM COMMUNICATION</b> <i>(Indicate if you would like to maintain the following)</i>	
Student Directory Entry	Student Mail Box
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

<b>Student's Signature</b>	<b>Date</b>

<b>FOR ADMINISTRATIVE USE ONLY</b>	
<b>This request for a leave of absence has been</b>	
<input type="checkbox"/> <b>Accepted</b> <i>(Note: if accepted, no tuition or fees will be charged during the period of official absence)</i>	
<input type="checkbox"/> <b>Denied</b>	

<b>APPROVAL GIVEN BY JPII INSTITUTE</b>	
<b>Academic Dean Signature</b>	<b>Date</b>

<b>OFFICE</b>	<input type="checkbox"/> ORIGINAL Student's Permanent File.	<input type="checkbox"/> Academic Dean	<input type="checkbox"/> Student
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