



Westminster Seminary California

REQUEST FOR LEAVE OF ABSENCE

- Complete this form if you intend to take a leave of absence from your studies at Westminster Seminary California for one (1) or more semesters.
- Any Leave of Absence exceeding 180 days will also begin the repayment period. The student will be considered to have withdrawn effective the date the Leave of Absence began.
- Please submit one copy of the form with *all required signatures* to the Registrar.

STUDENT INFORMATION (type or print clearly in ink)

Full legal name of applicant: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email: _____ Social Security Number: _____

I request a LEAVE OF ABSENCE from my course work at Westminster Seminary California.

I anticipate resuming my studies in the _____ semester of 20____.

Reason for requesting leave of absence: _____

I received student loans while enrolled at Westminster Seminary California.

No.

Yes. You must complete an Exit Interview for your student loans. Either schedule an appointment with the Financial Aid Coordinator or you may complete one online at www.studentloans.gov. If withdrawing prior to the 60% date, you will need to return all or a portion of any loan received during that semester as determined by the amount of Title IV aid earned.

SIGNATURE AND POLICIES

Please read and sign the following:

I certify that I understand that taking a leave of absence from Westminster Seminary California exceeding 180 days will affect the repayment status of my student loans. If I have received student loans while enrolled, I will complete the Exit Interview as described above. I make this request voluntarily.

Applicant _____ **Date** _____

Dean of Students _____ **Date** _____

Library _____ **Date** _____

Financial Aid _____ **Date** _____
(If answered "Yes" to having received student loans above.)

(For Office Use Only)

Registrar's Office Received By: _____ Date: _____ Processed: _____

Copy to Financial Aid Office