

# Notification of Withdrawal or Leave of Absence

If you are taking a temporary leave of absence or planning to withdraw permanently from Gordon-Conwell, please complete this form in its entirety and submit it to the Registration Office. The Registration Office will notify all other offices that need to know.

Name \_\_\_\_\_ GCTS ID # \_\_\_\_\_ Degree(s) \_\_\_\_\_ Date \_\_\_\_\_ Current Phone Number \_\_\_\_\_

**Leave of Absence or Withdrawal?**

I am taking a Leave of Absence from GCTS.  I am Withdrawing from GCTS.

**Effective Date:** \_\_\_\_\_

**Do you expect to return to GCTS?**

Yes  No

**If Yes, choose the semester and write the year you expect to return below:**

Summer 1  Summer 2  Summer 3  Fall  January  Spring

Year of expected return: \_\_\_\_\_  Unknown

**If you are presently taking courses, will you complete them?**

Yes  No

**Are you registered for courses in future semesters?**  
(We will drop you from future courses unless you specifically request otherwise.)

Yes  No

**Check the semesters you plan to complete:**

Summer 1  Summer 2  Summer 3  Fall  January  Spring

Your leave/withdrawal will take effect the date this form is submitted to the Registration Office. Unless we are directed otherwise, you will be dropped or withdrawn from all courses you are enrolled in, both in the current and upcoming semesters. If you wish to have your leave/withdrawal take effect at the *end* of this semester allowing you to finish the course(s) you are presently taking, please let us know by checking the appropriate box above.

**Address**  
(the address where you can be reached after leaving the seminary)

Street \_\_\_\_\_

Street (continued) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Date address is effective:** \_\_\_\_\_

**GCTS mailbox # and the last day you will check it:**

Mailbox # \_\_\_\_\_ Last date to check \_\_\_\_\_

**Reason(s) for Leaving:**  
We would appreciate knowing the reason(s) why you are leaving. If you are leaving for reasons of dissatisfaction with the Seminary, please let us know. Is there anything we could have done to prevent your withdrawal?

Transferring to another school  Medical issues

Financial concerns  Personal/Family issues

Vocational change  Dissatisfaction

**Please explain:**  
(Use the back of this form if you need more room)

**Procedure if you wish to return:**  
To return within two years of your last date of attendance, simply contact the Registration Office in writing specifying when you would like to return. You will be notified of a decision and sent appropriate registration information. Students returning within two years remain under the requirements of the *Student Handbook* in place when they were originally accepted. A return after two or more years requires re-application through the Admissions Office. Students will then fall under the academic requirements in the current *Student Handbook*.

\_\_\_\_\_  
Student Signature (REQUIRED)