



Application for Leave of Absence from Belize Bible College

Instructions: This application must be completed in triplicate. The student must take this form to the Registrar's office for clearance of any outstanding text or fees. After receiving the clearance, the student must then proceed to the Dean to discuss that he/she is applying for leave of absence. After consultation with the Dean, the form must be signed by the Dean and returned to the office for processing. The date the application is received at the Office becomes the effective date of the intended leave.

Name (Last) (First) (Middle)

Address

Phone: Cell: Email:

Leave of Absence Information

Academic/Certificate Program: Semester of Study: _____

Cumulative GPA: _____ Period of Leave Requested -----

Reason(s) for requesting leave of absence:

(You may attach a separate sheet and/or supporting documentation):

I understand that the leave of absence being requested is for the time period specified above and is not to exceed 2 consecutive semesters. I further understand that exceeding the maximum time period for which the leave of absence has been granted automatically cancels my leave of absence, and the college's readmission policy will then be effected. I must thereafter apply for readmission to the academic or certificate program in which I was previously enrolled, following the timelines specified in the college's academic calendar. I also understand that readmission is not guaranteed, but is at the discretion of the Dean upon assessment of: (a) my prior academic performance at the BBC, and (b) the availability of space and program offered during the semester/term for which readmission is being requested.

Student's Signature: _____ Date: _____

Clearance Required Before Approval

Book returned Fines paid

Signature of office official _____

Approved by Dean: () Yes () No

Dean's Signature: _____

OFFICE OF THE REGISTRAR USE ONLY

Received by: _____ Date Received: _____

Expected Date of Return: _____