Notice for Leave of Absence/Withdrawal

Name ________________________________________________  Phone _____________________________

I wish to:  
☐ Take a Leave of Absence and plan to return _________________________________.  
☐ Withdraw from Sioux Falls Seminary and not return.

My reason for this request is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If this notice for leave or withdrawal occurs after the semester has begun, the business office will refund as follows:

**Classic Track:** Tuition will be refunded 100% during the first calendar week of the term, less a $100 administrative fee. Beginning with the eighth calendar day of the term, tuition will be recalculated on a prorated basis based on the day the student drops the course. The proration is determined by dividing the number of calendar days completed in the term by the total number of calendar days in the term. No refund is made after 60% of the term has passed. For short-term classes, the refund will be prorated; no refund will be made after 60% of the class is completed.

**Monthly Payment Plan:** Tuition is billed on the **first** day of every month, and automatic payment is taken on the **tenth** of every month. Billing will stop when this signed document is received, but payments continue until the account balance reaches zero.

This section for office use only.

Enrollment Management__________________________________________  Date __________________________

Business Officer ______________________________________________  Date __________________________

Chief Financial Officer________________________________________  Date __________________________

Faculty Mentor _______________________________________________  Date __________________________

I agree to the refund terms listed above and to the terms of my payment plan, if applicable.

Student’s Signature________________________________________________  Date __________________________