



BIBLICAL GRADUATE SCHOOL OF THEOLOGY

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LEAVE OF ABSENCE FROM PROGRAMME STUDY

Name: _____

Student ID: _____

Current Programme: _____

I want to apply for leave of absence from _____ (start date) to
_____ (end date).

Reason:

Student Signature: _____ Date: _____

E-mail: _____

Contact: _____ (Hp) _____ (H) _____ (O)

Submit the form to Administration office or email it to admissions@bgst.edu.sg

For Official Use Only:

Received by: _____ on _____.

Prospectus Year: _____

Approved by: _____ on _____.