

{Please print}

STUDENT NAME: _____

ADDRESS: _____

“Intent to Resume Studies” Notice

DATE: _____

**REGISTRAR
PALMER THEOLOGICAL SEMINARY
6 E. LANCASTER AVENUE
WYNNEWOOD, PA 19096**

Dear Registrar:

I plan to resume my studies at Eastern Seminary in _____ (semester and year).

I last attended the seminary in _____ (semester and year).

Please remove my student records from the Leave of Absence status. I understand that, with the exception of a medical* or dual degree leave, a re-entry fee of **\$50.00** will be included in my tuition bill.

Thank you,

[Student Signature]

** A Doctor's note must accompany all medical leave of absences.*

**Copies to: Student
Academic Advisor**