

*{Please print}*

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

## “Intent to Resume Studies” Notice

DATE: \_\_\_\_\_

**REGISTRAR  
PALMER THEOLOGICAL SEMINARY  
588 NORTH GULPH ROAD  
KING OF PRUSSIA, PA 19406**

Dear Registrar:

I plan to resume my studies at Palmer 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**