

Interruption of Study Request Form

Application for:

Fall Semester _____

Spring Semester _____

Name _____ Student's ID# _____

Address _____

Phone (____) _____

What degree are you pursuing: Th.M. Ph.D. D.M.A. Ph.D./C.E.

Semester and Year of Matriculation: Fall _____ Spring _____

Have you had any previous interruptions? **Yes** **No**

If so, please list the semester taken:

Reason(s) for seeking this interruption. Be specific and detailed. (Attach an extra sheet if needed.)

During your current graduate research program, have you been a:

◆ Garrett Fellow? **Yes** **No** If yes, how many semesters? _____

◆ Professor's Assistant? **Yes** **No** If yes, how may semesters? _____

◆ Sole Instructor of a class? **Yes** **No** If yes, how may semesters? _____

List degree requirements yet to be fulfilled:

Give projected time plan for finishing the above requirements:

When do you project graduation? _____

I understand that twelve semesters (five semesters for the Th.M.) is the absolute time limit for completing a doctoral degree at Southern Seminary. I also understand that I must register for the following semester after the semester for which I am requesting Interrupted Status. Failure to register will be viewed as my decision to withdraw from Southern Seminary.

Student's Signature

Date

I understand that my signature indicates that I agree to accept this student back after his/her one semester of **interrupted status**.

Supervisor's Signature

Date

For Office Use Only

Comments: _____

Associate Dean for Doctoral Studies (for all Schools except Theology)

Date

Associate Vice President for Doctoral Studies

Date

Date Reported to the Seminary Faculty _____