ABSENCE REQUEST FORM

Before completing this form, please review the Absence Request Procedure (SOP) in the King's School of Ministry Student Handbook. The SOP outlines eligibility, submission deadlines, approval criteria, and student responsibilities regarding absence requests.
Please note that submitting this form does not constitute approval. All requests are reviewed individually by the Student Life Department, and approval is based on the policies and procedures outlined in the handbook. Students should not make travel plans or assume an absence has been approved until they receive written confirmation.

STUDENT INFORMATION

Student First and Last Name: _____

Year Designation (Circle One): First Year Second Year

Semester Term: _____

ABSENCE DETAILS

Start Date of Leave (Day & Date, Ex: Tuesday 8/26/26): _____

End Date of Leave (Day & Date): _____

Total Days Absent: _____

Reason for Leave:

□ Medical

□ Family Emergency

□ Personal

□ Other: _____

Please briefly describe your situation.

_____

_____

_____

FULFILLING OBLIGATIONS

List all classes, ministry obligations, and/or events that will be affected during your absence:

_____

_____

_____

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Describe how you plan to make-up for missed classes and/or ministry hours:

_____

_____

_____

ACKNOWLEDGEMENT

For Ministry Track Leader:

Ministry Track Leader(s) Approval: Please have your ministry track leader check one and sign.

□ Approved

□ Denied

Comments/Concerns:

_____

_____

Ministry Track Leader(s) Name: _____

Ministry Track Leader(s) Signature & Date: _____

For Student:

□ I understand that this request does not guarantee approval and must be reviewed by my program director or supervisor.

□ I acknowledge that if I am not caught up on school or ministry track work, I will most likely not be approved.

□ I confirm that all professors and ministry track leaders have been asked and contacted regarding my desired absence. I acknowledge that if my ministry track leader denies my request, I will automatically be denied.

□ I understand that excessive absences or unapproved leave may affect my standing in the program.

Student Signature & Date: _____

STAFF USE ONLY

Reviewed by: _____ Signature: _____

Decision:

□ Approved

□ Denied

Comments/Conditions: _____