

Ecumenical Theological Seminary

2930 Woodward Avenue, Detroit, MI 48201

[www.etseminary.edu](http://www.etseminary.edu) | 313.831.5200





**LEAVE OF ABSENCE POLICY: A leave of absence is granted for no more than 180 days within one year. The request for a leave requires the completion and submission of this form, payment of outstanding tuition, fees and library fines and return of all library materials. If you need more than 180 days, you may voluntarily withdraw from the program and apply for reinstatement when you are ready to resume studies.**

Name Student Number

Address

Phone Email

**Program:**  UMD MA MDiv DMin

### Change of Status

Please sign and date one of the two choices listed below:

I am requesting a leave of absence for the \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ Academic Year.

Requested date to start leave: Requested date to end leave:

Reason for LOA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### The student must secure a signature from their Advisor/Mentor-Program Director.

#### OFFICE SIGNATURE DATE CLEAR HOLD

Faculty Advisor/Mentor

Finance Office

Financial Aid Officer

Academic Dean

The Program Director discusses application with Academic Dean to secure approval or disapproval. Then the Program Director will contact the student re: approval or disapproval.

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### Please Return Completed Form to The Registrar’s Office.

Rev. 1.2023