



Ecumenical Theological Seminary
2930 Woodward Avenue, Detroit, MI 48201
www.etseminary.edu | 313.831.5200

CHANGE OF PROGRAM

Name _____ Student Number _____

Address _____

Phone _____ Email _____

Current Program: ___UMD___ Cert. Th. St. ___MAPM___ MDiv ___MA___ MATS ___DMin

I am requesting a change of program to the following ...

New Program: ___UMD___ Cert. Th. St. ___MAPM___ MDiv ___MA___ MATS ___DMin

Date of request: _____

Reason for change of program: _____

Student signature: _____ Date: _____

The student must secure the following signatures before submitting this form to the Registrar.

OFFICE	SIGNATURE	DATE
Faculty Advisor	_____	_____
Program Director	_____	_____

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

Academic Dean's Signature _____ Date _____

The Program Director will submit copies to: Registrar (original form), Program Director, Advisor, Student, Finance Office