

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

LEAVE OF ABSENCE

LEAVE OF ABSENCE POLICY: A leave of absence is granted for no more than 180 days within one year. The request for a leave of absence 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 Cert. Th. St. MAPM MDiv MA DMin

Change of Status

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

- 1) I am requesting a leave of absence for the _____ - _____ Academic Year.
- 2) Requested date to start leave: _____ Requested date to end leave: _____

Reason for LOA: _____

Signature: _____ Date: _____

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

OFFICE	SIGNATURE	DATE	CLEAR	HOLD
Faculty Advisor/Mentor	_____	_____	_____	_____
Finance Office	_____	_____	_____	_____
Program Director	_____	_____	_____	_____
Academic Dean	_____	_____	_____	_____

The Program Director discusses application with Academic Dean to secure approval or disapproval.

Leave Granted: Yes No Date:

The Program Director will contact the student re: approval or disapproval.

The Program Director will submit copies of completed form to: student, Registrar's office (original), Program Director, Finance Office.