

Ecumenical Theological Seminary  
2930 Woodward Avenue, Detroit, MI 48201  
[www.etseminary.edu](http://www.etseminary.edu) | 313.831.5200

**TERMINATION OF LEAVE OF ABSENCE**

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

LEAVE OF ABSENCE

A leave of absence is granted for no more than 180 days in one year. If you need additional time, you may voluntarily withdraw from the program and apply for reinstatement when you are ready to resume studies.

PROGRAM: UMD                  MAPM                  MA                  MDiv                  DMin

CHANGE OF STATUS

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

1. I intend to be an active participant in the \_\_\_\_\_ program for the \_\_\_\_\_ - \_\_\_\_\_ academic year.

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

2. I wish to withdraw from the \_\_\_\_\_ program. I understand that I may apply for reinstatement in the future. (Details may be obtained from the Registrar's Office.)

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

Leave Ended: \_\_\_\_\_

Please return completed form to the Registrar's Office.

Registrar will submit copies to: Advisor, Program Director, Academic Dean, Finance Office