

**ECUMENICAL THEOLOGICAL SEMINARY  
ENROLLMENT STATUS FORM**

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**WITHDRAWAL FROM PROGRAM**

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**WITHDRAWAL POLICY:** Withdrawal from a program requires the completion and submission of this form, payment of all outstanding tuition, and other fees.

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Students Email: \_\_\_\_\_

Program:            UMD            MDiv            MA            DMin

Circumstances & Comments:

**The following signatures are required:**

OFFICE	SIGNATURE	DATE	CLEAR	HOLD
Faculty Advisor	_____	_____	_____	_____
Financial Aid Officer	_____	_____	_____	_____
Academic Dean	_____	_____	_____	_____

Official withdrawal date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_

**Please return completed form to the Registrar's Office**

2930 Woodward Ave. Detroit, MI 48201 | Phone: 313-831-5200 | Fax: 313-831-1353