

D. Min. / D.Ed. Min. Withdrawal Form

phone 404-687-4534 fax 404-687-4575 e-mail advancedstudies@ctsnet.edu

I, _____, wish to notify Columbia Theological Seminary that I am officially withdrawing as a student in the ___ **Doctor of Ministry**/___ **Doctor of Educational Ministry** degree program as of _____ term, 20____, for the following reason(s):

____ This is a **temporary withdrawal**, and I anticipate returning for the _____ term, 20_____.

____ This is a **permanent withdrawal**.

BUSINESS OFFICE (404 687-4513)

____ I have **cleared all accounts** with the Business Office

____ I have **made arrangements** with the Business Office to clear my accounts.

Business Office signature (APS will obtain)

LIBRARY (404 687-4617)

____ I have **cleared all accounts** with the library.

____ I have **made arrangements** with the library to clear my accounts.

Library signature (APS will obtain)

READMITTANCE FOR A STUDENT IN GOOD STANDING

If I have **withdrawn temporarily**, I understand that the Dean of Faculty can readmit me within one year of my withdrawal. Otherwise, action by the Academic Judicial Commission is required.

If I have **withdrawn permanently**, I understand that the Academic Judicial Commission can readmit me within two years of my withdrawal. Otherwise, I must reapply.

Signed: _____ Date: _____

Forwarding address: _____

Phone: _____ E-mail: _____

**Mail or fax your completed form to
Advanced Professional Studies, P. O. Box 520, Decatur, GA 30031**