



# Change of Degree Program 453.02

**Instructions:** This form is to be used by undergraduate or graduate students who wish to request a change to their degree program. Students must meet the admissions requirements for the new program. Please print and return completed form to the Registrar's Office. Degree requirements and other policies will be determined by the catalog in force at the time of the degree change is made. (This form is not for current Non-Degree seeking students. Please go to the Admissions Office to change your enrollment status.)

It is recommended that students submit this form at least 30 days prior to the beginning of the requested effective semester. Students will receive written notification from the Admissions Office concerning the acceptance or denial of their request.

**Please Print Clearly**

Full Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Advisor: \_\_\_\_\_ Degree: \_\_\_\_\_  
Requested Effective Semester/Term: \_\_\_\_\_

**Check all that apply and provide appropriate information:**

**Change of Degree Requirements:** I wish to update the requirements of my current program to those of the most recent academic catalog, which is \_\_\_\_\_.

**Change of Undergraduate Degree Program:**

**Current Degree Program:**

- Associate of Arts  Bachelor of Arts  Bachelor of Science

**New Degree Program:**

- Associate of Arts  Bachelor of Arts  Bachelor of Science

**Change of Graduate Degree Program:**

**Current Degree Program:**

- MA Christian Leadership  MA Counseling  Master of Divinity  
 MA Christian Studies  MA Theological & Biblical Studies  Master of Divinity Adv. Standing

**New Degree Program:**

- MA Christian Leadership  MA Counseling  Master of Divinity  
 MA Christian Studies  MA Theological & Biblical Studies

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

**OFFICE USE ONLY**

APPROVED Effective Semester-Term/Year \_\_\_\_\_  DENIED

Office of Admissions: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Entered in SONIS: \_\_\_\_\_ Date: \_\_\_\_\_ Copy sent to VACO: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid notified of change in College Level: \_\_\_\_\_ Notify Program Director(s) of change: \_\_\_\_\_