

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 N	(umber:
Advisor:	Degree:	
Requested Effective Semester/Term:		
Check all that apply and provide ap	propriate information:	
☐ Change of Degree Requirements: I	wish to update the requirements of my current pro	gram to those of the most recent academic catalog,
which is	·	
Change of Undergraduate Degree Progr Current Degree Program:	am:	
☐ Associate of Arts New Degree Program:	☐ Bachelor of Arts	☐ Bachelor of Science
☐ 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 New Degree Program:	☐ MA Theological & Biblical Studies	☐ Master of Divinity Adv. Standing
☐ MA Christian Leadership	☐ MA Counseling	☐ Master of Divinity
☐ MA Christian Studies	☐ MA Theological & Biblical Studies	
Student:		
	Signature	Date
	OFFICE USE ONLY	
☐ APPROVED Effective Seme	ster-Term/Year □ I	DENIED
Office of Admissions:		
	Signature	Date
Registrar:	Signature	Date
Entered in SONIS: Date:	Copy sent to VACO: Date:	
	el: Notify Program Director(s) of chang	