



## Change of Academic Program Graduate Request Form

This form is to be used in compliance with the Change of Academic Policy found in the Catalog and Student Handbook.

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*Student Last Name* *Student First Name* *Student Middle Name*

Current Program Enrolled In:	Requested Change To:
<input type="checkbox"/> MA Biblical Counseling	<input type="checkbox"/> MA Biblical Counseling
<input type="checkbox"/> MA Christian Ministries: Biblical Studies	<input type="checkbox"/> MA Christian Ministries: Biblical Studies
<input type="checkbox"/> MA Christian Ministries: Leadership	<input type="checkbox"/> MA Christian Ministries: Leadership
<input type="checkbox"/> MDIV: Military Chaplaincy Basic	<input type="checkbox"/> MDIV: Military Chaplaincy Basic
<input type="checkbox"/> MDIV: Military Chaplaincy Traditional	<input type="checkbox"/> MDIV: Military Chaplaincy Traditional
<input type="checkbox"/> MDIV: Pastoral & General Ministries	<input type="checkbox"/> MDIV: Pastoral & General Ministries
<input type="checkbox"/> MS Education: Administration	<input type="checkbox"/> MS Education: Administration
<input type="checkbox"/> MS Education: Curriculum & Instruction	<input type="checkbox"/> MS Education: Curriculum & Instruction

Student Signature: *By signing below, I certify that the information contained on this form is true and accurate. I also acknowledge that in changing my Academic Program, this may change the configuration of classes and/or amount of units I need to take in order to complete the new program which may result in an earlier or later graduation date.*

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Student Signature Date

REGISTRAR USE ONLY
Registrar's Signature:
Date Received: