



**STUDENT CHANGE OF DEGREE FORM**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**CHANGE OF DEGREE:**

\_\_\_\_\_ Change of Degree: \_\_\_\_\_  
Current Degree Program

To: \_\_\_\_\_  
New Degree Program

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

**EXPLANATION:**

| <b>ACTION:</b>    | <b>APPROVE</b> | <b>DISAPPROVE</b> | <b>SIGNATURE</b> | <b>COMMENT</b> |
|-------------------|----------------|-------------------|------------------|----------------|
| Advisor:          | _____          | _____             | _____            | _____          |
| Dean of Students: | _____          | _____             | _____            | _____          |
| Dean of Faculty:  | _____          | _____             | _____            | _____          |

**PLEASE RETURN COMPLETED FORM TO SEMINARY ACADEMIC SERVICES**