



**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**