**REQUEST FOR DEGREE CHANGE**

(Please Print)

A student who wishes to change from one degree program to another must obtain approval from the directors of both degree programs and the Dean of the Faculty.

Name:  Date: \_\_\_\_\_

Classification:  Term/Year: \_\_\_\_\_

Total Credit Hours Completed:  Cumulative GPA: 

New Expected Graduation Term: \_\_\_\_\_\_\_\_\_\_\_

Current Degree Program:New Degree Program:

[ ]  MDIV (Domain-Based) [ ]  MDIV (Domain-Based)

[ ]  MDIV (Nazarene Ordination) [ ]  MDIV (Nazarene Ordination)

[ ]  MACFD (Course of Study) [ ]  MACFD (Course of Study)

[ ]  MACFD (Diaconal Diploma) [ ]  MACFD (Diaconal Diploma)

[ ]  MAICS [ ]  MAICS

[ ]  MA(TS) [ ]  MA(TS)

Reasons for changing degree:



If you intend to complete a certificate/diploma, please list it here:



Student’s Signature:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVALS:**

Director of Current Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of New Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_