

Application for Change of Program

Current Program Name: _____ Proposed Program Name: _____

1. What are your ministry and professional goals?

2. How do you expect the change in program will help you better attain your ministry and/or professional goals?

3. Please indicate whether you will attend Part time or Full time.

Part time: _____ Full time: _____

Student Signature

Date

Dean/Designate Signature

Date

Note: Please ensure that you have completed the **Add/Drop** form *prior to* completing this form.