

**ASHLAND THEOLOGICAL SEMINARY  
APPLICATION TO CHANGE DEGREE PROGRAM**

**PERSONAL DATA**

Name \_\_\_\_\_  
Last
First
Middle
Maiden

Year accepted: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**ACADEMIC DATA**

**PLEASE NOTE:** Changing to a new degree program requires approval of the Dean. Place an **X** on the appropriate line for the degree program you are changing from **and** the degree program you are changing to. Please **write in the appropriate concentration/major** (if applicable) for the degree program you are changing from.

**CHANGE FROM:**

**CHANGE TO:**

- \_\_\_\_ Master of Arts: \_\_\_\_\_
- \_\_\_\_ Master of Arts in Counseling (Detroit)
- \_\_\_\_ Master of Arts in Clinical Mental Health Counseling  
 Check one: Ashland Cohort \_\_\_\_\_  
                 Columbus Cohort \_\_\_\_\_
- \_\_\_\_ Master of Arts in Practical Theology:  
 \_\_\_\_\_
- \_\_\_\_ Master of Divinity: \_\_\_\_\_
- \_\_\_\_ Diploma of \_\_\_\_\_
- Reason for the change: \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_ Master of Arts (Biblical Studies)
- \_\_\_\_ Master of Arts (Historical and Theological Studies)
- \_\_\_\_ Master of Arts in Black Church Studies
- \_\_\_\_ Master of Arts in Counseling (Detroit only)
- \_\_\_\_ Master of Arts in Clinical Mental Health Counseling  
 Check one: Ashland Cohort \_\_\_\_\_  
                 Columbus Cohort \_\_\_\_\_
- \_\_\_\_ Master of Arts in Christian Ministries
- \_\_\_\_ Master of Divinity
- \_\_\_\_ Master of Divinity – Chaplaincy

New Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_  
(Term) / (Year)

I make application to change my degree program as indicated above. \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean's Signature (REQUIRED to Change Degree)**

**FOR REGISTRAR USE ONLY**

Number of credits completed to date: \_\_\_\_\_

Rec: \_\_\_\_\_ Apr Rec: \_\_\_\_\_ Ent: \_\_\_\_\_ Advisor: \_\_\_\_\_
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