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.

CHANGE FROM:

_____ Master of Arts (Biblical Studies)

_____ Master of Arts (Historical and Theological Studies)

_____ Master of Arts in Applied Bible & Theology

_____ Master of Arts in Black Church Studies

_____ Master of Arts in Christian Ministries

_____ Master of Arts in Clinical Mental Health Counseling

_____ Master of Divinity

_____ Master of Divinity – Chaplaincy

CHANGE TO:

_____ Master of Arts (Biblical Studies)

_____ Master of Arts (Historical and Theological Studies)

_____ Master of Arts in Applied Bible & Theology

_____ Master of Arts in Black Church Studies

_____ Master of Arts in Christian Ministries

_____ Master of Arts in Clinical Mental Health Counseling

_____ Master of Divinity

_____ Master of Divinity – Chaplaincy

Reason for the change: _____

_____

New Anticipated Completion Date: _____/_____ _____
(Term) / (Year)

I make application to change my degree program as indicated above. _____
Student's Signature

_____ _____
Dean's Signature (**REQUIRED** to Change Degree) **Date**

FOR REGISTRAR'S USE ONLY

Number of credits completed to date: _____

Rec:_____ Apr Rec: _____ Ent: _____ Advisor: _____