



Change of Program Form

Name: _____ Date: _____
Advisor: _____ Expected Graduation Month/Year: _____
Circle your Graduate Catalog Year: 2010-12 | 2012-14 | 2014-15 | 2015-16

**You must submit a new program of study if adding to or extending your program.
Changes will not be made without a new Program of Study.**

Please indicate below the degree and certificate you are <u>currently</u> pursuing:	
Choose one of the following degree programs: <input type="checkbox"/> M.A. in Clinical Mental Health Counseling <input type="checkbox"/> M.A. in Marriage and Family Therapy <input type="checkbox"/> M.S. in Christian Psychological Studies <input type="checkbox"/> Master of Ministry <input type="checkbox"/> M.A. in Spiritual Formation and Direction	Select one or more Certificate(s): (Please note that you are not required to have a Specialization). <input type="checkbox"/> Addictions Counseling <input type="checkbox"/> Child and Adolescent Counseling <input type="checkbox"/> Christian Sex Therapy <input type="checkbox"/> Spirituality and Counseling <input type="checkbox"/> Trauma Counseling Thesis Option Please indicate here if you would like to pursue the thesis track. YES NO
Please now indicate below what degree and certificate you <u>wish to pursue</u>: *To drop a certificate, mark it above ("Currently Pursuing") and do not mark it below	
Choose one of the following degree programs: <input type="checkbox"/> M.A. in Clinical Mental Health Counseling <input type="checkbox"/> M.A. in Marriage and Family Therapy <input type="checkbox"/> M.S. in Christian Psychological Studies <input type="checkbox"/> Master of Ministry <input type="checkbox"/> M.A. in Spiritual Formation and Direction	Select one or more Certificate(s): (Please note that you are not required to have a Specialization). <input type="checkbox"/> Addictions Counseling <input type="checkbox"/> Child and Adolescent Counseling <input type="checkbox"/> Christian Sex Therapy <input type="checkbox"/> Spirituality and Counseling <input type="checkbox"/> Trauma Counseling Thesis Option Please indicate here if you would like to pursue the thesis track. YES NO *You will be a provisional thesis student until your proposal has been submitted and accepted.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

*Your Advisor Signature is only required if you are switching degree programs. It is not necessary for switching certificates.

Please turn in this form to the Records Office

For Office Use only: ☐ Change Status ☐ Change Degrees ☐ Update Grad Year
☐ Change Degree Audit ☐ Document Tracking