



# Change of Program Form

You must submit a new Program of Study if adding a certificate or extending your program.  
Changes will not be made without a new Program of Study. Please fill out all sections of this form.

## STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID (not SS#): \_\_\_\_\_

Email: \_\_\_\_\_ Advisor: \_\_\_\_\_

Expected Graduation Month & Year: \_\_\_\_\_ Graduate Catalog Year:  2017-2019  2019-2021

---

## PLEASE INDICATE THE DEGREE AND/OR CERTIFICATE YOU ARE CURRENTLY PURSUING:

### DEGREE:

- M.A. in Clinical Mental Health Counseling
- M.S. in Pastoral Care & Integration
- M.S. in Christian Psychological Studies
- M.A. in Marriage & Family Therapy
- M.A. in Ministry
- M.A. in Ministry: Anglican Studies Concentration
- M.A. in Spiritual Formation & Direction

### CERTIFICATE(S):

- Addictions Counseling
- Christian Sex Therapy
- Child and Adolescent Therapy
- Spirituality in Counseling Practice
- Trauma Counseling
- Marriage & Family Therapy
- Spiritual Formation

THESIS?  Yes  No

---

## PLEASE INDICATE THE DEGREE AND/OR CERTIFICATE YOU ARE CHANGING TO:

### DEGREE:

- M.A. in Clinical Mental Health Counseling
- M.S. in Pastoral Care & Integration
- M.A. in Ministry
- M.A. in Ministry: Anglican Studies Concentration
- M.A. in Spiritual Formation & Direction

### CERTIFICATE(S):

- Addictions Counseling
- Christian Sex Therapy
- Child and Adolescent Therapy
- Spirituality in Counseling Practice
- Trauma Counseling
- Marriage & Family Therapy
- Spiritual Formation
- Dropping Certificate*

THESIS?  Yes  No

---

**You must submit a new Program of Study if adding a certificate or extending your program.**  
**Changes will not be made without a new Program of Study. Please fill out all sections of this form.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature\* \_\_\_\_\_ Date \_\_\_\_\_

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