



Taylor Seminary – Program Change Request Form

Student Name: _____ Date: _____

Faculty Advisor: _____ ID#: _____

Present Program:

Degree (Eg. MTS): _____

New Program:

Degree (Eg. MDIV): _____

I understand that not all courses taken in my present degree program may transfer to the new program and that if the change is approved, I will be responsible to meet the requirements of the new program at the time of the change.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Approved by Registrar: _____ Date: _____

Updated in Reg. Module Date: _____ By: _____

Updated in AV Module Date: _____ By: _____

Original in SF

Notify Student: Email

CC: Faculty Advisor