

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

PERSONAL DATA

Name _____
 Last First Middle Maiden

Year accepted: _____ Student ID# or Last 4 Digits of SSN#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail Address: _____

ACADEMIC DATA

PLEASE NOTE: Changing to a new degree program requires Dean’s Office approval. 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 and the degree program you are changing to.

CHANGE FROM:

_____ 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 _____

CHANGE TO:

_____ Master of Arts (Biblical Studies)

_____ Master of Arts (Historical and Theological Studies)

_____ Master of Arts in Black Church Studies

_____ Master of Arts in Chaplaincy

_____ 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 Pastoral Counseling and Care

_____ Master of Arts in Practical Theology

_____ Master of Arts in Spiritual Formation

_____ Master of Divinity

_____ Master of Divinity - Chaplaincy

_____ Diploma of _____

New Anticipated Completion Date: _____

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

Student's Signature

Dean’s Office Signature (REQUIRED to Change Degree)

Date

FOR REGISTRAR USE ONLY

Entered in Datatel: _____ Date: _____

Rev. 1/20/15