



THEOLOGICAL SEMINARY

5554 North Federal Highway
Fort Lauderdale, Florida 33308
Phone: 954-771-0376 or 1-800-344-5669
Fax: 954-351-3343

CHANGE OF DEGREE REQUEST

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Student ID: \_\_\_\_\_ E-mail: \_\_\_\_\_

FROM (circle program): MDV MBT: OT / NT MACC ME Certificate SS

TO (circle program): MDV: Pastoral Ministry/C&C MBT: OT / NT MACC ME Certificate SS

\*\*Note: Students wanting to change degree programs must submit a written request, giving reasons for requesting this change.

Additionally, students wanting to transfer from the ME, MBT, MACC or Certificate to the MDV program must also provide a pastor's reference specifically addressing the student's desire to pursue the MDV. Students wanting to transfer to any other program other than the MDV must provide a new academic reference.

All students considering a change of degree program should consult their faculty advisor for assistance in selecting courses that will satisfy requirements for both degree programs.

Administrative Use Only

\_\_\_\_ Approved \_\_\_\_ Disapproved

\_\_\_\_ Dean of Faculty \_\_\_\_\_ Date

\_\_\_\_ Approved \_\_\_\_ Disapproved

\_\_\_\_ Dean of Students \_\_\_\_\_ Date

\_\_\_\_ Approved \_\_\_\_ Disapproved

\_\_\_\_ Registrar \_\_\_\_\_ Date

Comments: