CHANGE OF DEGREE REQUEST

Student name: _____

Address: _____

Phone number: _____

Student ID: _____ E-mail: _____

FROM (circle program): MDV MABTS MACCS ME Certificate SS

TO (circle program): MDV MABTS MACCS 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

_____ Approved _____ Disapproved

_____ Approved _____ Disapproved

_____
Dean of Faculty Date

_____
Dean of Students Date

_____
Registrar Date

Comments:

5554 N. Federal Highway, Fort Lauderdale, FL 33308
P: 954 771-0376 1 800 344-5669 F: 954 351-3343