



CHANGE OF PROGRAM FORM

Name: _____ Date: _____

Advisor: _____ Circle your Graduate Catalog Year: 2009-10 or 2010-2012

YOU MUST SUBMIT A NEW PROGRAM OF STUDY ALONG WITH THIS DOCUMENT.

CHANGES WILL NOT BE MADE WITHOUT A NEW PROGRAM OF STUDY.

PLEASE INDICATE BELOW THE DEGREE AND SPECIALIZATION YOU ARE CURRENTLY PURSUING:

Choose one of the following degree programs:

- ___ M.A. in Professional Counseling
- ___ M.A. in Marriage and Family Therapy
- ___ M.S. in Christian Psychological Studies
- ___ Master of Ministry

Select one or more Specialization(s):

(Please note that you are not required to have a Specialization).

- ___ Addictions Counseling
- ___ Child and Adolescent Counseling
- ___ Christian Sex Therapy
- ___ Spirituality and Counseling
- ___ Trauma Counseling

Thesis Option

Please indicate here if you would like to pursue the thesis track.

YES NO

You will be a provisional thesis student until your proposal has been submitted and accepted.

**PLEASE NOW INDICATE BELOW WHAT DEGREE AND SPECIALIZATION YOU WISH TO PURSUE:
To drop a specialization, mark it above ("Currently Pursuing") and do not mark it below**

Choose one of the following degree programs:

- ___ M.A. in Professional Counseling
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- ___ M.S. in Christian Psychological Studies
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Please turn in this form to the Records Office

For Office Use only: ___ Change Status ___ Change Degrees ___ Change Degree Audit ___ Document Tracking