



CHANGE OF PROGRAM FORM

Name: _____ Date: _____
Advisor: _____ Expected Graduation Month/Year: _____
Circle your Graduate Catalog Year: 2009-10 | 2010-12 | 2012-14

YOU MUST SUBMIT A NEW PROGRAM OF STUDY IF ADDING TO OR EXTENDING YOUR PROGRAM.
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
- M.A. in Marriage and Family Therapy
- M.S. in Christian Psychological Studies
- Master of Ministry

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Please turn in this form to the Records Office

For Office Use only: Change Status Change Degrees Update Grad Year
 Change Degree Audit Document Tracking