



Change of Program Form

Name: _____ Date: _____
Advisor: _____ Expected Graduation Month/Year: _____
Circle your Graduate Catalog Year: 2010-12 | 2012-14 | 2014-15

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 <u>currently</u> pursuing:	
Choose one of the following degree programs: <input type="checkbox"/> M.A. in Professional Counseling <input type="checkbox"/> M.A. in Marriage and Family Therapy <input type="checkbox"/> M.S. in Christian Psychological Studies <input type="checkbox"/> Master of Ministry	Select one or more Specialization(s): (Please note that you are not required to have a Specialization). <input type="checkbox"/> Addictions Counseling <input type="checkbox"/> Child and Adolescent Counseling <input type="checkbox"/> Christian Sex Therapy <input type="checkbox"/> Spirituality and Counseling <input type="checkbox"/> 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	
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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