



Change of Program Form

You must also submit a new Program of Study if changing your degree, adding a certificate, or extending your program.

Student Information

Name: _____ Student ID (not SS#): _____

Email: _____ Advisor: _____

Expected Graduation Month & Year: _____ Catalog Year: 2022-2023 2023-2024 2024-2025

Would you like to change your program length? Yes No

If yes, select new program length: 2-2.5 years 3-3.5 years 4-4.5 years

Please indicate the degree and/or certificate(s) you are CURRENTLY pursuing:

Degree:

- M.A. in Clinical Mental Health Counseling (in-person)
- M.A. in Clinical Mental Health Counseling (online)
- M.S. in Mental Health Care & Christian Integration
- M.A. in Ministry
- M.A. in Ministry: Anglican Studies Concentration
- M.A. in Spiritual Formation & Direction
- Non-Degree Certificate

Certificate(s) / Thesis:

- Addictions Counseling
- Child & Adolescent Counseling
- Christian Sex Therapy
- Christian Integration
- Marriage & Family Therapy
- Mental Health Care
- Spiritual Formation in Counseling
- Trauma Counseling
- Spiritual Direction (Ministry)
- Anglican Studies (Ministry)
- Thesis

Please indicate if there are any degree and/or certificate(s) you are changing to:

Degree:

- M.A. in Clinical Mental Health Counseling (in-person)
- M.A. in Clinical Mental Health Counseling (online)
- M.S. in Mental Health Care & Christian Integration
- M.A. in Ministry
- M.A. in Ministry: Anglican Studies Concentration
- M.A. in Spiritual Formation & Direction
- Non-Degree Certificate

Certificate(s) / Thesis:

- Addictions Counseling
- Child & Adolescent Counseling
- Christian Sex Therapy
- Christian Integration
- Marriage & Family Therapy
- Mental Health Care
- Spiritual Formation in Counseling
- Trauma Counseling
- Spiritual Direction (Ministry)
- Anglican Studies (Ministry)
- Thesis

Student Signature _____

Date _____

Advisor Signature _____

Date _____

Registrar Signature _____

Date _____

For Office Use Only:

Change:

Status

Degree

Degree Audit

Date _____