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: _____

Current Expected Graduation Month & Year: _____ Catalog Year: __ 2023-2024 __ 2024-2025 __ 2025-2026

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

New Expected Graduation Month & Year : _____

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
__ M.A. in Trauma, Theology, and Ministry
__ 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
__ Anglican Studies (Ministry)
__ Spiritual Direction (Ministry)
__ Trauma, Theology, and Ministry (Ministry)
__ Thesis

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

Degree:

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__ 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
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Certificate(s) / Thesis:

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__ Marriage & Family Therapy
__ Mental Health Care
__ Spiritual Formation in Counseling
__ Trauma Counseling
__ Anglican Studies (Ministry)
__ Spiritual Direction (Ministry)
__ Trauma, Theology, and Ministry (Ministry)
__ Thesis

Student Signature _____ Date _____

Registrar Signature _____ Date _____

For Office Use Only:

Change: ___Status ___Degree ___Degree Audit Date_____