



Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Contact Information (email): \_\_\_\_\_ Date: \_\_\_\_\_

Current Program Name: \_\_\_\_\_ Proposed Program Name: \_\_\_\_\_

1. What are your ministry and professional goals?

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2. How do you expect the change in program will help you better attain your ministry and/or professional goals?

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3. Please indicate whether you will attend Part time or Full time.

Part time: \_\_\_\_\_ Full time: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Office Use**

**Approval:**

- Granted
- Denied

Academic Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_