



Student Name: _____ Student Number: _____

Email: _____

Current Program: _____ Proposed Program: _____

Current Specialization: _____ Proposed Specialization: _____

1. What are your ministry and professional goals?

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

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

Part-time:

Full-time:

Student Signature: _____ Date: _____

Office Use Only:

Approved

Denied

VP Academic or Designate Signature: _____ Date: _____