ERSKINE
SEMINARY

INDICATE THE TERM AND YEAR:
____Fall _____Year
____Winter _____Year
____Spring _____Year
____Summer _____Year
Rev 06/07

DEGREE PROGRAM CHANGE FORM

Please PRINT legal name in full _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (_____)_____

Current degree program(s) for which I am enrolled:

_____ Certificate/Diploma (List Name of Program: _____)
_____ Master of Divinity with Concentration
_____ Master of Divinity
_____ Master of Arts in Theological Studies
_____ Master of Arts in Educational Ministries
_____ Master of Arts in Counseling Ministry
_____ Master of Church Music
_____ Master of Arts in Practical Ministry

Degree program for which I request to _____ *change from my current program of study:*
_____ *add to my current program of study:*
_____ *drop from my current program of study:*

_____ Certificate/Diploma (List Name of Program: _____)
_____ Master of Divinity with Concentration
_____ Master of Divinity
_____ Master of Arts in Theological Studies
_____ Master of Arts in Educational Ministries
_____ Master of Arts in Counseling Ministry
_____ Master of Church Music
_____ Master of Arts in Practical Ministry

Student's Signature _____ Date _____

Academic Advisor's Signature _____ Date _____

Degree Program Director's Signature_____ Date _____

Dean's Signature_____Date _____

Please return the original *Degree Program Change Form* to the Office of the Registrar while retaining a copy for your records. The appropriate fee will be included on your billing statement per the current Schedule of Tuition and Fees.

Registrar's Signature of Receipt_____ Date_____

Office of the Registrar • Erskine Theological Seminary • P.O. Box 668 Due West, SC 29639
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