



OFFICIAL DEGREE PROGRAM CHANGE FORM _____

Term _____

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
864.379.8779 • Toll Free 877.811.8117 • Fax 864.379.3171 • registrar@erskine.edu**