



CHANGE OF PROGRAM FORM

STUDENT INFORMATION

SURNAME	
GIVEN NAMES	

STUDENT NUMBER										
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CURRENT COLLEGE OF REGISTRATION	EM	TR	SMC	RG	SA	KN	WY
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CURRENT PROGRAM OF REGISTRATION (CIRCLE ONE)												
BASIC DEGREE PROGRAMS							ADVANCED DEGREE					
MDIV	MREL	MRE	LTH	MTS	MAMS	MPS	THD	DMIN	PHD	THMI	THMII	MA

TRANSFER INFORMATION

NEW PROGRAM OF REGISTRATION (IF APPLICABLE, CIRCLE ONE)												
BASIC DEGREE PROGRAMS							ADVANCED DEGREE					
MDIV	MREL	MRE	LTH	MTS	MAMS	MPS	THD	DMIN	PHD	THMI	THMII	MA

PLEASE CIRCLE IF NEW COLLEGE:	EM	TR	SMC	RG	SA	KN	WY
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EFFECTIVE DATE OF TRANSFER:	
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APPROVAL OF COLLEGE AD DIRECTOR (IF CHANGING COLLEGES, THIS SHOULD BE SIGNED BY THE AD DIRECTOR OF YOUR NEW COLLEGE)	SIGNATURE:	DATE:
APPROVAL OF TST AD DIRECTOR	SIGNATURE:	DATE:

DO NOT COMPLETE THIS FORM IF:

1. COURSES FROM CURRENT PROGRAM DO NOT TRANSFER INTO NEW PROGRAM.
2. THE STUDENT IS TRANSFERRING FROM SPECIAL STUDENTS STATUS TO A DEGREE PROGRAM.

FOR THESE TWO CASES, PLEASE ADMIT THE STUDENT INTO THE NEW PROGRAM IN ROSI (NOT A TRANSFER)