



DEGREE CHANGE FORM

Name _____ Student ID# _____

Semester/Year _____ Date of Change _____

CURRENT DEGREE

Current Program _____

Current Major/Concentration _____

REQUEST TO CHANGE MAJOR

Requested Major (and concentration) _____

REQUEST TO ADD A SECOND CONCENTRATION FOR A DOUBLE MAJOR

(WITHIN BIBLICAL STUDIES PROGRAM OR BUSINESS ADMINISTRATION PROGRAM ONLY)

Primary Concentration _____

Secondary Concentration _____

REQUEST TO ADD SECOND MAJOR FOR A CROSS-DISCIPLINARY DOUBLE MAJOR

Primary Major _____

Secondary Major _____

REQUEST A MINOR

Complete a Minor Request Form.

COMPLETE AND SIGN FORM ON REVERSE

Reason for Request

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Academic Dean Signature _____ Date _____