

REQUEST TO CHANGE DEGREE PROGRAMS OR EMPHASES

**Palmer Theological Seminary
6 E. Lancaster Avenue, Wynnewood, PA 19096**

NAME: _____

DATE: _____

Degree Program: _____

YEAR: _____
(Jr., Middler, Sr.)

Change Requested:

_____ to M.Div. _____ to MTS* area of concentration: _____

_____ to Dual Degree: _____ (M.Div./MSW; M.Div./MBA; M.Div./MS)

Reason for Change:

Approved:

Student Signature

Advisor

Date

New Advisor (if applicable)

Date

Dean

Date

*** For MTS change: A transcript evaluation must be obtained from the Registrar's Office after approval of change to determine status in this program. Certain requirements for the M.Div. program are non-transferable.**