



OFFICE OF THE REGISTRAR  
711 KNOX ROAD | PO BOX 607 | EAST AURORA NY 14052-0607  
(716) 655 7081 | F (716) 652 8903 | **CKS.EDU**

# REQUEST TO CHANGE GRADUATE DEGREE PROGRAM FORM

Name: \_\_\_\_\_

I am requesting WITHDRAWAL from the following program of study:

Master of Divinity (MDiv)    Master of Arts in Pastoral Ministry (MAPM)    Master of Arts in Theology (MAT)

I am requesting enrollment INTO the following program of study:

Master of Divinity (MDiv)    Master of Arts in Pastoral Ministry (MAPM)    Master of Arts in Theology (MAT)

This form is not valid without student signature. Student signature affirms the request to change academic degree program at Christ the King Seminary and acknowledges understanding of academic requirements of requested program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Date received in registrar's office: \_\_\_\_\_

Request to change program :  Approved    Denied (reason): \_\_\_\_\_

\_\_\_\_\_  
Academic Dean Signature

\_\_\_\_\_  
Date