PETITION TO CHANGE PROGRAM OR EMPHASIS

If you wish to change your current program or emphasis, you must complete section I below, ask your advisor to complete section II, ask the Dean to complete section III, and submit this form to the Office of Academic Services. For further information, contact Academic Services.

I. Completed by the student

Name_______________________________________________________________________________

Current Advisor/Mentor/Facilitator______________________________________________________

Current Program (check one)

__ MDIV/MMIN ___ MA ___ TRY ___ OCCASIONAL ___ ACCESS

Desired Program (check one)

__ MDIV/MMIN ___ MA ___ TRY ___ OCCASIONAL ___ ACCESS

MDIV/MMIN Emphasis

Please note that MDIV/MMIN Students generally select an emphasis after they have completed one full year of study and Discernment of Call and Gifts. If you are not at this stage, please leave this section blank.

Current Emphasis (if applicable)

If you are currently in the MDIV/MMIN program and have already declared an emphasis, please check your current emphasis below.

__ Teaching __ Pastoral Ministry __ Pastoral Care and Counseling __ Spirituality
__ Writing __ Peace and Justice __ Unprogrammed Friends Ministry

Desired Emphasis (if applicable)

If you have already declared an emphasis and wish to change your emphasis, please check one below. Students should initially select an emphasis in Discernment of Call and Gifts.

__ Teaching __ Pastoral Ministry __ Pastoral Care and Counseling __ Spirituality
__ Writing __ Peace and Justice __ Unprogrammed Friends Ministry

Student’s Signature __________________________________________ Date________________________

II. Completed by the student’s current Advisor/Mentor/Facilitator

I hereby recommend the change in curricular program requested above. It is my judgment that the student has engaged in an adequate discernment process and will be better served by pursuing the program and/or emphasis requested above.

Advisor/Mentor/Facilitator’s Signature _____________________________ Date________________________

III. Completed by the Business Manager

Business Manager Signature ____________________________________ Date________________________

IV. Completed by the Dean

I hereby approve the change in curricular program requested above, and I assign________________________ as the student’s Advisor/Mentor/Facilitator.

Dean’s Signature______________________________________________ Date________________________