



STARR KING

SCHOOL FOR THE MINISTRY

CHANGE OF DEGREE FORM

In addition to completing this form, students must also submit a letter to the Dean of Faculty requesting to change degree programs. The letter should be between 200-500 words and speak to how this change would support their educational and vocational goals.

Students must save the completed form as a PDF with the name as Term.ChangeofDegree.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor. The office of the registrar will obtain the necessary signatures after the completed PDF form is received.

Student Legal Name: _____

Student Preferred Name (if used): _____

Student ID# _____

ADDING A DEGREE PROGRAM

Name of Program to Add: _____

Date Began Pursuing: _____

Anticipated Date of Completion: _____

LEAVING A DEGREE PROGRAM

Name of Program to Drop: _____

Date Began Pursuing: _____

Date Became Inactive: _____

Number of credits to transfer to new program: _____

Dean's signature to approve credits: _____ Date: _____

Please list any courses that are not included:

SIGNATURES AND DATES:

1. Student signature: _____ Date: _____

2. Advisor signature: _____ Date: _____

3. Dean's Final Decision: _____

Signature: _____ Date: _____

4. Student Accounts Manager: _____ Date: _____

5. Registrar: _____ Date: _____