

## Office of Community Life 4500 Massachusetts Avenue, NW • Washington, DC 20016 PHONE 202-885-8694 **EMAIL**

communitylife@wesleyseminary.edu

## Instructions:

OFFICE USE ONLY: Date received\_

☐ Memo to Student

\_Date Processed

☐ Copy to Financial Aid

- 1. Complete this form and return it to the Office of Community Life. The office will contact you to schedule a meeting with the Associate Dean of Community Life. The request will not be processed until this meeting has occurred.
- 2. The form will be reviewed, and a degree change may be granted or denied. This information, along with a degree evaluation, will

Financial Aid (financials	aid © WOOK		,					
Last Name	First Name							
					Wesley ID #			
Current Degree	_	_	_	_	_	_		
Program:	Ø MA	☐ MTS	☐ M.Div.	☐ MA/M.Div.	☐ MA/MTS	☐ MTS/M.Div.		
Desired Degree Program:	Ø MA	☐ MTS	☐ M.Div.	☐ MA/M.Div.	☐ <sub>MA/MTS</sub>	☐ MTS/M.Div.		
Reason for Degree Change	:							
ew advisor if this request is								
ew advisor if this request is the next registration period.								
ew advisor if this request is the next registration period.	s granted.					it a new degree plan		
new advisor if this request is the next registration period.  Student Signature	s granted.	Additionally	, if the degra			it a new degree plan  Date		
new advisor if this request is the next registration period.  Student Signature  Faculty Advisor Signature  THIS SECTION FOR CO	ommunit	Additionally	, if the degree	ee change is grar	ated, I will subm	it a new degree plan  Date		
	ommunit	Additionally	, if the degree	ee change is grar	ated, I will subm	it a new degree plan  Date		
the next registration period.  Student Signature  THIS SECTION FOR CO  Approved  Denied due to:	ommunit	Additionally	, if the degree	ee change is grar	ated, I will subm	it a new degree plan  Date		
new advisor if this request is the next registration period.  Student Signature  Faculty Advisor Signature  THIS SECTION FOR CO	DMMUNIT	Additionally	, if the degree	ee change is grar	ated, I will subm	Date Date Date	worksheet be	efore

☐ Copy to Director of Int'l Student Services (for F-1 students only)