

**Change of Program Request**

**Student Name:**

**Student Advisor:**

**Current program of enrollment:** MA CAS MTS M.Div.

**Year/semester you began:**

**Requesting transfer to:** CTS CAS MTS M.Div.

**Year/Semester:**

**Diocese of Canonical Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Requests for CAS or M.Div. require written approval from your Bishop. The Admissions Office will submit the form to your diocese.

**Please provide a brief description of your request:**

Signed: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Upon completion, return form to CDSP’s Admissions Office. You can also scan/email the completed form to admissions@cdsp.edu. Your request will be forwarded to your academic advisor for review. The Admissions Committee will review your request for transfer and provide written notification of their decision within one month of receiving your request.**