

Office of the Registrar registrar@gs.edu

REQUEST FOR PROGRAM CHANGE (KEB)

IMPORTANT: The processing fee is only waived if a new student changes the degree before initial enrollment. Students wanting to enter a non-KEB program must submit an official TOEFL score.

*The KEB program is only available at the Los Angeles Campus in Ontario, California at present.

	-	
		me: ID #:
Email:		Phone: ()
Current Degree:		
☐ DPTH (KEB) 〔	☐ MTS (KEB) ☐ MDIV (KEB)	B) MMISS (KEB) MAEL (KEB)
DPEL DPT	H IMACC IMAIS IMAE	EL MDIV MMISS MTS
I would like to change to the fol	lowing degree program:	
☐ DPTH (KEB) 〔	☐ MTS (KEB) ☐ MDIV (KEB	B) MMISS (KEB) MAEL (KEB)
DPEL DPT	H IMACC IMAIS IMAE	EL D MDIV D MMISS D MTS
My reason for requesting the cl	nange:	
Student's Signature:		Date:
Student's Signature:		1
KEB Progr	am Director	Director of Enrollment
Reviewed by the Director:	☐ Approved ☐ Denied	TOEFL required: □Yes □No Score:
Comments		☐ Approved Term/Year:/
		☐ Denied
		Comments
Signatura	Date	
Signature		
Pay	ment	
\$30 Fee: Yes □		
Received by	Date	Signature Date
iteceived by	Date	

REGISTRAR OFFICE USE ONLY

Date processed: _____ Initials: _____

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