

REGISTRAR OFFICE USE ONLY: Date processed:

Office of the Registrar 3210 E. Guasti Road • Ontario, CA 91761 909.687.1468 (phone) • 909.687.1593 (fax) registrar@gs.edu

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REQUEST FOR DEGREE CHANGE

IMPORTANT: If you are a residential student at the Ontario campus, check with the Student Services office regarding how this will affect your housing. Form must be returned to the Director of Enrollment (enrollment@gs.edu). The processing fee is only waived if a new student changes the degree before initial enrollment.

only waived if a new student changes the degree before initial enrollment. *Not all degrees and concentrations are offered at all campuses, consult the Academic Catalog before requesting a degree change. Last Name: ______ | ID #:______ ______ Phone: (_____) ___-___ Current Campus: ☐ AZC ☐ BAC ☐ ONLN ☐ ONT ☐ PNWC ☐ RMC Current Degree: ☐ DPDIV ☐ DPTS ☐ DPTE ☐ DPEL ☐ DPIS ☐ DPGE ☐ DPCC (effective FA21) □ MDIV – Concentration: _____ □ MAEL – Concentration: ____ ☐ MTS ☐ MTE ☐ MAIS ☐ MGE ☐ MACC I would like to change to the following degree program: AZC BAC ONT **PNWC** RMC ONLN **□**DPDIV **□**DPDIV **□**DPDIV **□**DPDIV **□**DPDIV **□**DPDIV □DPTS **□**DPTS **□**DPTS **□**DPTS **□**DPTS **□**DPTS DPTF DDPTF DDPTF **□**DPTE **□**DPTE ■DPTE **□**MDIV **■**MDIV **□**DPEL **□**DPEL **□**DPEL **■**MDIV □DPCC (FA21) **□**MTS **□**MDIV □DPCC (FA21) □MTS **DMTS □**MTE **□**DPIS **□**DPIS **□**MTS **□**MTE MTE **□**MTE **□**DPGE **□**DPGE **□**MAEL **□**MDIV **□**MDIV **□**MTS **□**MTS **□**MTE **□**MTE **□**MAEL ■MAEL **□**MACC **□**MACC **□**MAIS **□**MAIS □MGE □MGE Concentration (for MAEL and MDIV): Reason for requesting a Degree Change: □Change of ministry calling □Relocating □Other: _____ Student's Signature: Date: **Regional Campus Director of Enrollment** Reviewed by the Director: Yes $\ \square$ No $\ \square$ Denied Approved \Box _____Date ____ Signature _____ If Approved, Term/Year: ____/___ Payment Comments: _____ \$30 Fee: Yes □ Signature Date Received by _____Date ___

Initials: