

# Lutheran School of Theology at Chicago

## Petition for Change of Degree Program

Student's Name \_\_\_\_\_ Student ID: \_\_\_\_\_ Date \_\_\_\_\_

Degree Program \_\_\_\_\_ Year in Program \_\_\_\_\_ Proposed Degree Program \_\_\_\_\_

I hereby request permission to:

The reasons are:

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Approvals Needed:</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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\_\_\_\_\_  
(Advisor)

\_\_\_\_\_  
Director, MA Program

(See attached documentation)

"

\_\_\_\_\_  
Director, MDIV Program

"

\_\_\_\_\_  
Director of Field Education

Comment by Registrar \_\_\_\_\_

Copies to: \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_

Revised 32/9-14