



**Westminster**  
Seminary California

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CHANGE *of* PROGRAM REQUEST

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ANTICIPATED GRADUATION DATE: \_\_\_\_\_

NAME : \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

CURRENT PROGRAM: \_\_\_\_\_ CHANGE TO: \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

*Student's Signature*

\_\_\_\_\_

*Advisor's Signature*

REGISTRAR'S USE ONLY

Method of Payment: \_\_\_\_\_

Paid: \_\_\_\_\_