WESTERN SEMINARY

Request to Change Degree program track or specialization

Full Name _____ Student ID _____
First Last

Are you an international student? ☐ Yes ☐ No Are you a veteran receiving tuition benefits? ☐ Yes ☐ No

Current Degree Program Track or Specialization _____

I would like to change to the _____

I have read and understood the current catalog description of the requested degree program track or specialization named above.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

ONLINE CAMPUS
& PORTLAND CAMPUS
Attn: Academic Advising
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(503) 517-1800
(503) 517-1801 fax

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6601 Camden Ave
San Jose CA 95120-1908
(408) 356-6889
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