



Request to Change Degree Program Track or Specialization

Full Name _____ Student ID _____
First Middle Last

Are you an international student? _____ Are you a veteran receiving tuition benefits? _____

CAMPUS LOCATION: Portland San Jose Sacramento Online

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 _____

PORTLAND CAMPUS
studentservices@westernseminary.edu
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(877) 517-1800
or (503) 517-1800
(503) 517-1801 fax

SAN JOSE CAMPUS
Attn: Williana Purnama
1000 S Park Victoria Dr
Milpitas, CA 95035
(877) 900-6889
or (408) 356-6889
(408) 668-2800 fax

SACRAMENTO CAMPUS
Attn: Lindsay McKinnon
290 Technology Way #200
Rocklin, CA 95765
(800) 250-7030
or (916) 488-3720
(916) 488-3735 fax

ONLINE CAMPUS
Attn: Keane Collins
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(877) 517-1800
or (503) 517-1800
(503) 517-1801 fax

OFFICE USE ONLY

Approve ___ Disapprove ___ Advisor _____ Dir. of Admissions _____ Date _____

Term of Admission _____ Comments/Provisions _____