

Application for a Degree Program Transfer

- 1. Complete this form and sign it.
- 2. Discuss your intentions with your Advisor. Your Advisor must sign this form.
- 3. Discuss your request with the Registrar to determine a plan for classes to be taken to complete the new degree. The Registrar must sign this form.
- 4. Submit the form with the three signatures and the essay(s) attached to the Admissions Office (Nelson Hall 107).
- 5. Request that the Registrar send your LPTS transcript to the Admissions Office.
- 6. The Admissions Committee will review the application
- 7. The Admissions Office will inform the applicant of the Admissions Committee's decision.

NOTE: Please be advised that a transfer to a new degree program may affect Financial Aid and Scholarship Awards. Please consult with the Financial Aid Office to discuss your particular situation.

NAME:		
E-MAIL:		
CURRENT ADDRESS:		
CURRENT PHONES:		
Home:		
Work:		
Mobile:		
I am currently enrolled in:		
	Name of degree program	
I am applying to transfer to:		
	Name of degree program	
Expected new date of graduation:		

ESSAY: Please attach an essay addressing your reasons for applying to the new degree program. Please address why your vocational goals have changed.

	For those students applying to enter t respond to these additional essays as v	-	ly Therapy Program,		
	Give an autobiographical account of your life course and family history, highlighting transgenerational themes that contribute to your interest in				
	marriage and family therapy. Why are you interested in marriage and family therapy at this time? What factors led you to decide to pursue studies and what type of ministry in the field of marriage and family therapy do you hope to pursue in the next five years?				
	Please write a 2-3 page summary of an interaction with a person in which you played a helpful role. Include an introduction, verbatim quotes in the middle section, and then give a brief analysis of the situation. A CPE verbatim will suffice for this. Take measures to safeguard the anonymity of the person with whom you spoke.				
	Include a full resume that outlines supervision, training, work experie background in this field – this shou from clinical pastoral education su	nce and courses that r	elate to your of final evaluations		
SIGNATURES					
Signature of Applicant		date			
Signature of A	dvisor	date			
Signature of R	egistrar	date			
For Office use	only:				
Date Received:					
Action Taken:					
Action Date:					