



# Change of Degree Form

To fill out this form electronically, fill in or mark the shaded areas. You may submit a hard copy to the Registrar's Office in **13720 Roe Avenue, Bldg. C., Leawood, Kansas 66224**, or you can submit it electronically, via email to **michelle.hatcher@spst.edu** or by fax to **(913) 253-5075**. If you have any questions, contact the Registrar's Office at **(913) 253-5050**.

## YOUR CURRENT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Degree:  MDIV  MACM  MA(TS)  DMIN  NONDEG  
 Advisor: \_\_\_\_\_

Has your contact information changed?  YES  NO  
*If yes, fill in the information below*  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUESTED CHANGE

**DIRECTIONS:** Clearly type the requested degree program.

DEGREE REQUESTED	
MDIV	
MACM	
MA(TS)	

**For Office Use Only (Please send to VP and Financial Aid Dir. For approval)**

Please sign to approve degree change.

\_\_\_\_\_

VPAAD Signature                      Date                      Advisor                      Date