



NORTHERN
Seminary

**CATALOG CHANGE REQUEST
MASTERS or DOCTORAL PROGRAM**

Student name (print): _____
(Last) (First) (MI)

ID #: _____

Degree Program: _____

Before making a decision to request a change of catalog, we strongly recommend that you meet with your advisor or the Registrar to discuss the ramifications involved in making this modification in your degree program.

Have you discussed this degree change request with your advisor? YES NO

Have you discussed this degree change request with the Registrar? YES NO

Catalog preference: 2019-2020
(check one) 2018-2019

Briefly state why you are requesting a catalog change: _____

Student Signature Date

Please submit form to the Office of the Registrar, registrar@seminary.edu, FAX 630.620.2190

FOR OFFICE USE ONLY BELOW THIS LINE

Approved by Sr. Exec. Dir. Student Services: _____ Date: _____

Entered by: _____ Date: _____