



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 (Type name) Date

Please submit form to the Office of the Registrar, [registrar@seminary.edu](mailto:registrar@seminary.edu), FAX 630.620.2190

FOR OFFICE USE ONLY BELOW THIS LINE

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Approved by Sr. Exec. Dir. Student Services: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_