



MOODY BIBLE INSTITUTE DISTANCE LEARNING

CHANGE OF PROGRAM AND CAMPUS REQUEST FORM

Policy

Students may request to change to a Moody Bible Institute Distance Learning (MBIDL) undergraduate program by completing and submitting this form to academicrecords@moody.edu. This form may also be used to request a change to a student's current MBIDL degree program concentration. This completed form must be submitted to the Academic Records office by the first day of the student's first course of the semester in order for the program change to apply to that semester's financial aid.

MBIDL students must apply through the Office of Admissions to change to a Chicago campus program, or submit the Aviation Change of Major form to change to an Aviation in Spokane program. Students enrolled in a non-degree program must apply through the Office of Admissions to be admitted into a certificate or degree program.

To be completed by the STUDENT

Name: _____ Email Address: _____ Date: _____

Student ID #: _____ Primary Phone #: _____ Planned Graduation Date: _____

Current Program: _____

If applicable, complete the following prior to submitting this request form:

- Current Chicago Day School students must notify Residence Life.
- Current Aviation students must notify Jim Conrad (jim.conrad@moody.edu).
- Students with an F-1 visa must notify the International Students Office.

New Program Requested (check one)

- Certificate in Biblical Leadership Certificate in Biblical Studies Certificate in Ministry to Women
- Associate in Biblical Studies
- BS in Biblical Studies
- BS in Ministry Leadership (indicate concentration):
 - Leadership Preaching Ministry to Women Children & Family Ministry Disability Ministry
- BS Theological Studies (indicate concentration):
 - Christian Thought Spiritual Formation
- BS Theology and Cultural Engagement
- BS Integrated Ministry Studies

Reason for requesting a change:

Signature: _____ Date: _____

By signing this change of program request, I affirm that the above information is accurate to the best of my knowledge and that I will be subject to the current academic catalog's policies and requirements.

To be completed by ACADEMIC RECORDS

Holds: _____ Approved Not Approved Staff Initials: _____ Date: _____