



PENTECOSTAL THEOLOGICAL SEMINARY
CHANGE OF ADVISOR
(Please return to the Office of Academics)

Student Name: _____

Date: _____

Current Advisor: _____

New Advisor: _____

Reason for Change: _____

Current Advisor Signature

Requested Advisor Signature

Approval Signature – Assistant VP for Academics



PENTECOSTAL THEOLOGICAL SEMINARY
CHANGE OF DEGREE PROGRAM
(Please return to the Office of Academics)

Student Name: _____

Date: _____

Current Advisor: _____

Current Degree Program: _____

New Degree Program: _____

Reason for Change: _____

Current Advisor Signature

Approval Signature – Assistant VP for Academics