



## Application for Change of Status

Any matriculated student who wishes to change status from one degree program to another may do so using this form. Special Students must reapply to the seminary. Those individuals desiring to change to the MACC will need to formally reapply; see the Admissions Office for details.

1. Please write clearly and complete all sections of the application.
  2. Please provide a short (no more than 1 page), personal statement on the form provided.
  3. Please provide a recommendation from a GCTS faculty member.
- If the application is made for admissions to the M.Div. program, a recommendation from a GCTS faculty member and a pastor or church official is required.
  - Note: Recommendations are to be sent directly to the Registration Office, are confidential, and will be destroyed after a decision regarding the change of status has been made.

No action will be taken until an application is complete. Written notification of the decision will be sent to the applicant and the Registration office.

ID# \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle I.

Phone \_\_\_\_\_ Faculty Reference \_\_\_\_\_

Current Degree \_\_\_\_\_ Desired Degree \_\_\_\_\_

If applying to the MDIV, please note pastoral reference \_\_\_\_\_

Desired effective date (semester/yr) for new status \_\_\_\_\_

**Please mail or fax this form,  
along with the necessary documentation, to:**

Gordon-Conwell Theological Seminary  
c/o Registration Office  
14542 Choate Cir.  
Charlotte, NC 28273  
704-527-9909  
704-940-5858 (fax)



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**Personal Statement:** To be completed by the student

In the space below, please type or write clearly (1) the reasons why you are seeking a change of degree status and (2) how the new degree program to which you are applying will contribute toward your ministry/vocational goal.

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ID# \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle I.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Change of Status

GORDON-CONWELL  
Theological Seminary - Charlotte



To be completed by the applicant:

ID# \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle I.  
Current Degree \_\_\_\_\_ Desired Degree \_\_\_\_\_

To be completed by the recommender:

The Admissions Office would appreciate a statement from you concerning the above named student. Your honesty will help us in making a careful evaluation. This recommendation will be kept confidential for use by the Admissions Committee and will be destroyed after a decision on the change of status has been reached.

Please comment on the advisability of changing the above mentioned student's degree.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_