Application for Change of Status

Any matriculated student who wishes to change status from one degree program to another must apply through the Registration Office. Special Students and individuals desiring to change to the MACC or pursue a second degree must formally reapply to the seminary through the Admissions Office.

1. Please write clearly and complete all sections of the application.

2. Please provide a short (no more than 1 page) personal statement of why you want to change your status.

3. Please provide a recommendation from a GCTS faculty member, typically your current advisor.
   - If the application is made for admission to the MDIV program, a recommendation from a GCTS faculty member and a 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.

Name: ______________________________________________________ ID: ______________________
Phone: _________________________ Email: __________________________________________________
Current Degree: _____________________________ Desired Degree: ______________________________________
Desired Effective Date (semester/year) for new degree status: _____________________
Faculty Reference: ____________________________
If applying to the MDIV, Pastoral Reference: __________________________________________

Please mail, fax or email, along with the necessary documentation, to:

Gordon-Conwell Theological Seminary
c/o Registration Office
14542 Choate Circle
Charlotte, NC 28273
Fax: 704-940-5858
cha-registration@gordonconwell.edu

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Personal Statement

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

Student Signature: ___________________________________________ Date: ______________________
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Recommendation

To be completed by the Applicant:

Name: ______________________________________________________ ID: __________________________

Current Degree: _____________________________ Desired Degree: __________________________________

To be completed by the Recommender:

The Registration 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 Registration Office 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 status.

Recommender’s Signature: ___________________________________________ Date: _________________

Printed Name: ___________________________________________ Position: __________________________

Email: ___________________________________________ Phone: __________________________

Please return to: GCTS, c/o Registration Office, 14542 Choate Circle, Charlotte NC 28273

Fax: 704-940-5858  cha-registration@gordonconwell.edu

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