Application Instructions for Boston Campus

Any matriculated student who wishes to change status from one degree program to another program must be in good standing and apply through the Admissions Office. To apply, please:

1. Clearly complete all sections of this application
2. Provide a short (no more than 1 page) statement about why you want to change your status
3. Provide a recommendation from GCTS faculty member (recommendation request links below)
4. Provide an authorization signature from your current advisor
5. **International (F-1) students** should notify the International Student Coordinator about any planned changes to degree programs. Updates to your visa will be required.

**Recommendation request form links**

GCTS Faculty Member Recommendation: [http://www.gcts.edu/cosrecommendation](http://www.gcts.edu/cosrecommendation)

**Please Note**

No action will be taken until an application is complete. Written notification of a decision will be sent to the applicant. Recommendations are to be sent directly to the Boston Campus Admissions Office, are confidential and will be destroyed after a decision regarding the change of status has been made.

**Please mail or email your documents to:**

Gordon-Conwell Theological Seminary  
Attn: Admissions Office  
90 Warren Street  
Roxbury, MA 02119  
**Phone:** 617-427-7293  
**Email:** cumeinfo@gordonconwell.edu
Application

ID#: ___________________________________

Name: ___________________________________________________________________________________________

Last               First               Middle

Address: ________________________________________________________________

Gordon-Conwell Email Address: _____________________________________________

Phone Number: ___________________________________________________________

Residency/VISA Status: _______________________________________________________

Current Degree Program: _____________________________________________________

I wish to switch to:

☐ Master of Divinity Urban Church Ministry

☐ Master of Arts in Urban Ministry Leadership: Children, Youth & Family Concentration

☐ Master of Arts in Urban Ministry Leadership: Church & Leadership Mobilization Concentration

☐ Master of Arts in Counseling: Mental Health Track

☐ Master of Arts in Counseling: Pastoral Care Track (non-licensure)

☐ Graduate Certificate in Bible

☐ Graduate Certificate in Christian Foundations

☐ Graduate Certificate in Pastoral Care

Desired effective date of new status:

☐ Fall 20 _______                      ☐ January 20 _______                      ☐ Spring 20 _______

☐ Summer I 20 _______                  ☐ Summer II 20 _______
Personal Statement

In the space below, please type or write clearly (1) why you are seeking to change your degree and (2) how this change in program will contribute toward your vocational goal.

Permission to release GCTS transcript: By signing here I authorize Gordon-Conwell Theological Seminary to release an unofficial copy of my transcript to the Admissions Office.

Student Signature: ___________________________ Date: ________________

Name (print or type) ___________________________ GCTS ID: _______________

Current Advisor Signature: ___________________________ Date: ________________

Name (print or type): ___________________________ Program: _______________

Please contact the Admissions Office at 1-617-427-7293 with any questions.