

Pacific School of Religion
APPLICATION to ADD or CHANGE a PROGRAM

Name: _____ Student ID #: _____

Address: _____

Phone: _____ PSR "ses" Email: _____

We will only use your ses.psr.edu email.

I have read the "Instructions to Add or Change a Program."

Current program of study:

- | | |
|--|--|
| <input type="checkbox"/> Master of Divinity (MDiv) | <input type="checkbox"/> Certificate of Sexuality & Religion (CSR) |
| <input type="checkbox"/> Master of Theological Studies (MTS) | <input type="checkbox"/> Certificate of Special Studies (CSS) |
| <input type="checkbox"/> GTU Common MA (MA) | <input type="checkbox"/> Certificate of Swedenborgian Theology (CST) |
| <input type="checkbox"/> Doctor of Ministry (DMin) | <input type="checkbox"/> Certificate of Theological Studies (CTS) |
| <input type="checkbox"/> Certificate of Advanced Professional Studies (CAPS) | |

Do you wish to: add

Or

change (First change request Second (or additional) change request)?

Program you wish to add or change to:

- | | |
|--|--|
| <input type="checkbox"/> Master of Divinity (MDiv) | <input type="checkbox"/> Certificate of Sexuality & Religion (CSR) |
| <input type="checkbox"/> Master of Theological Studies (MTS) | <input type="checkbox"/> Certificate of Special Studies (CSS) |
| <input type="checkbox"/> GTU Common MA (MA) | <input type="checkbox"/> Certificate of Swedenborgian Theology (CST) |
| <input type="checkbox"/> Certificate of Advanced Professional Studies (CAPS) | <input type="checkbox"/> Certificate of Theological Studies (CTS) |

Are you applying for: Fall 20__ or Spring 20__?

Please provide the names and email addresses of the two GTU faculty you have asked to submit letters of reference. At least one must be a PSR faculty member. (Only one reference needed to add or change to the CSR or CST.)

1: _____
Faculty name/email/school

2: _____
Faculty name/email/school

Your Signature _____ **Date** _____