Declaration/Change of Program Form

Student Information

Full Name____________________________________________________________________

Student ID Number____________________________________________________________

CBS Email Address______________________________________________________________

Phone Number______________________________________________________________

Program Start Date______________________________________________________________

Anticipated Graduation Date______________________________________________________

Current Program/Major__________________________________________________________

Declaration/Change Program Information (Circle Semester:  Fall,  Spring,  Summer)

Change To: Indicate Spanish and/or Online preference here if applicable____________

☐ Bible Certificate
☐ Associate of Biblical Studies
☐ Bachelor of Science in Biblical Studies
  ☐ Minors (Check one if applicable)
    ☐ Biblical Counseling
    ☐ Biblical Preaching
    ☐ Pastoral Ministry
    ☐ Women’s Ministry
☐ Bachelor of Science in Women’s Ministry
  ☐ Minor (Check one if applicable)
    ☐ Pastor’s Wife
☐ Bachelor of Science in Counseling
☐ Bachelor of Science in Organizational Leadership
☐ ADCP (Requires acceptance by the Office of the Registrar)
  ☐ Bachelor of Science in Biblical Studies and Biblical Counseling
  ☐ Bachelor of Science in Biblical Studies, Biblical Counseling, and Christian Leadership
  ☐ Bachelor of Science in Biblical Studies and Christian Leadership
  ☐ Bachelor of Science in Organizational Leadership

Student Acknowledgment and Signature___________________________________________Date:________

(By signing this, I understand that changing my major or adding major(s) and/or minor(s) may add length to the duration of my degree completion. I hereby authorize CBS to update my program of study as indicated on this form)

Advisor Approval Signature_____________________________________________________Date:________

Registrar Official Signature____________________________________________________Date:________