



# GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar  
3210 E. Guasti Road • Ontario, CA 91761  
909.687.1468 (phone) • 909.687.1593 (fax)  
[registrar@gs.edu](mailto:registrar@gs.edu)

## REQUEST FOR DEGREE CHANGE

**IMPORTANT:** If you are a residential student at the Ontario campus, check with the Residence Life office regarding how this will affect your housing. Form must be returned to the Director of Enrollment ([enrollment@gs.edu](mailto:enrollment@gs.edu)). The processing fee is only waived if a new student changes the degree before initial enrollment.

\*Not all degrees and concentrations are offered at all campuses, consult the Academic Catalog before requesting a degree change.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Campus and Degree: AZC BAC ONLN ONT PNWC RMC

DPTH DPEL MACC MAIS MMISS MTS

MAEL – Concentration: \_\_\_\_\_ MDIV - Concentration: \_\_\_\_\_

I would like to change to the following degree program:

| AZC                           | BAC                           | ONLN                           | ONT                            | PNWC                          | RMC                           |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> DPTH | <input type="checkbox"/> DPEL | <input type="checkbox"/> DPEL  | <input type="checkbox"/> DPEL  | <input type="checkbox"/> DPTH | <input type="checkbox"/> DPTH |
| <input type="checkbox"/> MDIV | <input type="checkbox"/> DPTH | <input type="checkbox"/> DPTH  | <input type="checkbox"/> DPTH  | <input type="checkbox"/> MDIV | <input type="checkbox"/> MDIV |
| <input type="checkbox"/> MTS  | <input type="checkbox"/> MDIV | <input type="checkbox"/> MDIV  | <input type="checkbox"/> MDIV  | <input type="checkbox"/> MTS  | <input type="checkbox"/> MTS  |
|                               | <input type="checkbox"/> MTS  | <input type="checkbox"/> MTS   | <input type="checkbox"/> MTS   |                               |                               |
|                               | <input type="checkbox"/> MAEL | <input type="checkbox"/> MAEL  | <input type="checkbox"/> MAEL  |                               |                               |
|                               |                               | <input type="checkbox"/> MACC  | <input type="checkbox"/> MACC  |                               |                               |
|                               |                               | <input type="checkbox"/> MAIS  | <input type="checkbox"/> MAIS  |                               |                               |
|                               |                               | <input type="checkbox"/> MMISS | <input type="checkbox"/> MMISS |                               |                               |

Concentration (For MAEL and MDIV): \_\_\_\_\_

My reason for requesting the change:

Change of ministry calling Relocating Other (please explain in space below)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Regional Campus

Reviewed by the Director: Yes  No

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

### Payment

\$30 Fee: Yes

Received by \_\_\_\_\_ Date \_\_\_\_\_

### Director of Enrollment

Approved  Denied

If Approved, Term/Year: \_\_\_\_\_ / \_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

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

### REGISTRAR OFFICE USE ONLY

Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_