TORONTO SCHOOL OF THEOLOGY
GRADUATE CENTRE FOR THEOLOGICAL STUDIES

CHANGE OF PROGRAM
REQUEST

This form is required for a program transfer from one GCTS degree to another. Do NOT complete this form if:
- courses from your current program do not transfer into the new program
- you are transferring from Special Student Status to a degree program
- if you are currently in a BD program

Section 1: Student Information (to be completed by the student)

Last Name:	First Name:	Student Number:
Current College of Registration: ☐ EM ☐ KN ☐ RG ☐ SM ☐ TR ☐ WY	**Current Program:**	
U of T Email:	☐ Full-time ☐ Part-time	Year of Study:

Section 2: Transfer Information (to be completed by the student)

New Program:	☐ Full-time ☐ Part-time	Requested Effective Session:
Student Signature:		Date:

Section 3: Approvals

Effective Date of Transfer:	Year of Study in new Program:

EXCLUDE Course(s) in Transfer (a separate sheet may be appended)		
Course Code	Course Title	Session

Please Indicate Recommendation: **Approve / Decline**	College AD Director Signature:	Date:
Please Indicate: **Approved / Declined**	GCTS Signature:	Date:

Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government.
Your Personal Information will be protected at all times.
If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.

Office Use:	☐ College Registrar	☐ USMC Registrar (for transfers into non-conjoint PhD)
	☐ Student	☐ College AD Director ☐ GCTS Office
Date Entered on ROSI by college registrar: _____		