

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>

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:** mm/ dd/ yyyy _____

Name (print or type) _____ **GCTS ID:** _____

Current Advisor Signature: _____ **Date:** mm/ dd/ yyyy _____

Name (print or type): _____ **Program:** _____

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