

**GRADUATE PROGRAM IN
PASTORAL MINISTRIES**



Change of Emphasis

Date: _____

Name: _____ Student ID Number _____

Student Email: _____

Current emphasis: _____

New emphasis: _____

Dual Emphasis *(if applicable)*: _____

Reason:

Student Signature: _____ Date: _____

Return form to:

Graduate Program
In Pastoral Ministries
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053

Fax (408) 554-4367

OFFICE USE ONLY

Director's Signature _____ Date _____

Entered into PeopleSoft Date _____