



Office of the Registrar
160 Herrick Road, Newton Centre, MA 02459
617-559-8642

PETITION TO CHANGE DEGREE PROGRAM

Return this form to the Registrar's Office

Please complete the form and get the appropriate signatures.

PRINT CLEARLY:

Date _____ Student ID _____

Name (Last, First, MI) _____

Current Degree Program: Master of Arts in Jewish Studies
 Master of Jewish Education
 Dual Master of Jewish Education/Jewish Studies

New Degree Program: Master of Arts in Jewish Studies
 Master of Jewish Education
 Dual Master of Jewish Education/Jewish Studies

The reason(s) I want to change programs are: (attach page with additional information if necessary)

I have spoken to _____,
Dean of the _____ program, about transferring out of
the program under his/her leadership.

I have spoken to _____,
Dean of the _____ program, about transferring into
the program under his/her leadership.

Student's signature _____

.....
New Advisor will be: _____

Dean/Advisor Signature _____ Date _____

.....
Received by Registrar's office on: _____

Effective Date of Change: Year _____ Term _____