



Office of the Registrar  
1860 Washington Street, Newton, MA 02466  
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 \_\_\_\_\_