

Andersonville Theological Seminary  
PO Box 545  
Camilla, GA 31730

## CHANGE OF PROGRAM REQUEST FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Program in which you are currently enrolled \_\_\_\_\_

Preferred program change \_\_\_\_\_

Reason for requested change:

**Please attach any transcripts or instructions relevant to the requested change.**

**There is a \$100.00 fee for a change of program. Please attach a check or money order made out to Andersonville Theological Seminary. If you wish to pay by credit card, please fill out the information below.**

Name \_\_\_\_\_ Card type: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

