**The John Leland Center for Theological Studies**

**<u>Request to Add a Program</u>**

**To be completed by student:**

Student name: _____

Current student program: _____

Current student advisor: _____

Requested program to add: _____

Advisor for the requested program: _____

Date of request: _____

**To be completed by Leland personnel:**

Current cumulative GPA (minimum 3.0 cumulative GPA required) (to be completed by registrar):

All prior courses completed (e.g., no Incompletes) (to be completed by registrar): _____ Yes _____ No

Recommendation of student's current advisor on requested addition of program (insert **initials and date** in appropriate blank): _____ Recommend  _____ Do Not Recommend

Recommendation of advisor of requested program on addition of the program (insert **initials and date** in appropriate blank): _____ Recommend  _____ Do Not Recommend

Decision on addition of program by Dean John Lee (insert **initials and date** in appropriate blank): _____Approve  _____ Disapprove