Andersonville
Theological Seminary

CHANGE OF PROGRAM REQUEST FORM

Student's Full Name: _____

Student's Email: _____

Phone Number: _____

Current Program: _____

Preferred Program: _____

Reason for Requested Change:

_____

_____

Please attach any transcripts relevant to the requested change.

There is a **$200.00 Change of Program Fee**. Please call ATS with your credit or debit card number to make payment for the change at 1-800-525-1611.

If you wish, you may complete the form below and email it to finance@andersonvilleseminary.com. Or, you may mail it to the following address:

ATS
P.O. Box 545
Camilla, GA 31730

Name as it Appears on Card: _____

Card Type: V M AE D

Card Number: _____

Expiration Date: _____ CCV (Code on Back): _____