

PROGRAM OF STUDY

CHANGE FORM



Student Name _____ Student ID _____

Student Signature _____ Date _____
(required)

Please list your current academic program below. Please note that your request for a change will be reviewed by your college. If approved, the change will not take effect until the next term.

A change of major may have an impact on your financial aid eligibility. Please communicate with your advisor and the financial aid office before requesting a change of major.

Current Program _____

New Program _____

The change of program will not be effective until the next academic term. If you would like the change to occur in the current term, please provide a reason statement below.

Approved to change for current term by _____
(Registrar or Chief Officer of Enrollment & Student Services)

OFFICE PERSONNEL ONLY

Entered by _____ Date Change Effective _____