

NAME: _____ CURRENT SEMESTER: Fall Spring Summer 20____
(Please circle current semester)

STUDENT ID#: @ _____ Date of Birth: (required) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: () _____ Day () _____ Evening

STUDENT SIGNATURE

TODAY'S DATE

Have you applied for Veterans benefits? YES _____ NO _____

SECTION ONE - Program Change Request

Current Program _____ Degree ___ Cert ___

I request a change to _____ Degree ___ Cert ___

Area of Interest for General Studies or Liberal Arts & Sciences only (CIRCLE **ONE** AREA BELOW)
 (Anthropology, Biology, Chemistry, Communication/Media, English, Foreign Language, Forensic Science, History, Math, Philosophy, Political Science, Psychology, Sociology, Allied Health, Dental Hygiene (*Gen. Studies*), Pre-Nursing (*Gen. Studies*), Women's Studies, Undecided)

Reason for Change: ___ Career/Interest Change
 ___ Graduation - Date of Anticipated Graduation _____
 ___ Other (specify) _____

SECTION TWO - Request for Second Program

My current Program is _____ Degree ___ Cert ___

In addition I want to pursue _____ Degree ___ Cert ___

SECTION THREE - Advisor Change Request

_____ Current Advisor _____ New Advisor Requested / Assigned