

PROGRAM CHANGE FORM

(Please return to the Advising Center A-113)

NAME: _____ STUDENT ID#: @ _____

CURRENT SEMESTER: ___ Fall ___ Spring ___ Summer ___ Winter, 20 _____

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 (CHOOSE ONE AREA ONLY)
(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, or 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 - Comments**For Office Use Only**

Advising: _____ Reviewer's Initials: _____ Date: _____

Registrar: _____ Reviewer's Initials: _____ Date: _____