



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: _____