

Program Change Form

For selective admissions please see the department for the application

Student's name: _____ ID number: _____

Current program: _____ Phone: _____

Please check the box if you are graduating this semester

CHANGE OF PROGRAM

Program changes will be processed as they are received. After the first two weeks of the semester, program change forms are not accepted for the current semester. Students wishing to change their program must meet with a Financial Aid Officer prior to submitting this form to the Registrar's Office.

I am requesting a program change to:

Bachelor's

Associate

Certificate

Program: _____

Starting(semester + year): *Semester* _____ *Year* _____

I have been counseled by a Financial Aid Counselor regarding my aggregate limits and financial aid eligibility.

Student signature: _____ Date: _____

Financial Aid signature: _____ Date: _____

Academic Progress Coordinator* signature: _____ Date: _____

Registrar's Office signature: _____ Date: _____

**Students on academic warning/probation must meet with the Academic Progress Coordinator prior to submitting this form to the Registrar's Office.*