

PROGRAM CHANGE REQUEST

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| **STUDENT NAME:** | **STUDENT ID#:** |

***STUDENT - Please complete both sections below:***

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| ***I am requesting the following change:*** |
| ***Effective Date:***       |

[ ]  **PROGRAM CHANGE** - From:  To:

[ ]  **LOCATION CHANGE** - From: To:

***REQUIRED - Please initial and sign below confirming you have read the following information:***

      I understand that I will be responsible for any changes related to my program requirements.

      I understand my course schedule may change based on the availability of courses.

      I understand my financial aid and payment schedule may be affected by these changes.

***Student Signature Date***

***For Office Use Only***

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| **URSE:** Advisor Approval -  | Date:  |