

PROGRAM CHANGE REQUEST

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

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

|  |
| --- |
| ***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***

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