

CHANGE OF ACADEMIC PROGRAM REQUEST FORM

Changes of academic programs which include a change of school must be approved by your current academic advisor, and the dean of the school into which you wish to transfer.

Student Name: _____ Student Number: _____

Change of program requested from: _____ to: _____

Reason for request:
.....
.....
.....

Student's Signature: _____ Date: _____

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1. Enrollment
Admission restrictions Yes No (circle one)

If yes, specify:.....

Academic information (Attach transcript)

Current status:..... **CGPA:**

2. Scholarship clearance needed /__/ Not needed /__/ **signature**
Dean of Student Affairs

3. Current Advisor's recommendation: Approve / Do not approve (circle one)

Reason:
.....
.....
.....

Advisor's Signature: _____ Date: _____

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4. Receiving Dean's Decision: Approve / Do not approve (circle one)

Signature: _____ Date: _____

5. Referring Dean's Signature: _____ Date: _____

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6. Enrollment Services
Date Received: _____ Date Processed: _____ By: _____

Original to be kept at Enrollment. Copies of decision to be sent to : student, advisor, receiving dean, referring dean