

CHANGE OF ACADEMIC PROGRAM REQUEST FORM (From school to school)

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

To be completed by the student

Student's Name: _____ Student ID: _____

Change of program requested from: _____ To: _____

Reason for request

Student's Signature: _____ Date: _____

To be completed by Admissions & Outreach Office

Admission restrictions: Yes /__ / No /__ /

If Yes, specify:

Signature: _____ Date: _____

To be completed by Registrar's Office

Academic information (Attach transcript)

Current status: CGPA:

To be completed by Financial Aid Office

<p>Scholarship clearance Needed /__ / Not needed /__ /</p> <p>Signature: _____ Date: _____</p>	<p>Vice President for Academic Affairs</p> <p>_____</p>
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To be completed by the current Advisor

Current Advisor's Recommendation: /__ / Approved /__ / Not approved

Reason:

Advisor's Signature: _____ Date: _____

Referring Dean Approval

Dean's Signature: _____ Date: _____

Receiving Dean Approval

/__ / Approved /__ / Not approved

Dean's Signature: _____ Date: _____

To be completed by the Receiving Dean's assistant

If approved, please assign the new student's advisor. Advisor's name: _____

Office of the Registrar

Date Received: _____ Date Processed: _____ By: _____