

**CHANGE OF ACADEMIC PROGRAM  
REQUEST FORM  
(Within the same School)**

Changes of academic programs within the same school must be approved by your current academic advisor, school coordinator

**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 the current Advisor**

Current Advisor's Recommendation: Approve / Do not approve (circle one)  
Reason:  
.....  
.....  
.....  
Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the school Coordinator**

Approved  Not approved  
Coordinator's signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office of the Registrar**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_

Original copy to be kept at the Registrar's Office. Copy should be sent to School