



Request for Change of Program of Study

A. Student Information

NAME (LAST, FIRST, MIDDLE)

GRIC ID OR SOCIAL SECURITY NUMBER

CURRENT MAILING ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP)

CURRENT PHONE NUMBER

EMAIL ADDRESS

ACADEMIC TERM FOR WHICH CHANGE WILL TAKE PLACE

B. College Information

COLLEGE/UNIVERSITY NAME

COLLEGE ADVISOR'S NAME

C. Current Program of Study Information

MAJOR

DEGREE TYPE

CURRENT TERM GPA

CURRENT CUMULATIVE GPA

CURRENT EXPECTED GRADUATION DATE

D. New Program of Study Information

MAJOR

DEGREE TYPE

EXPECTED GRADUATION DATE

Are you accepted into new Program of Study? _____

Did you attach a copy of your new program of study? _____

E. Reason(s) for Change of Program of Study

I understand that this document could affect my maximum timeframe of funding. I understand that I must not begin the new program of study until I have received approval from the Student Services Department.

STUDENT SIGNATURE

DATE

Date Received:	Received by:	Approved/Denied?	Approved/Denied Date:	Reason for Denial:
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