

CHANGE PROGRAM REQUEST

Submit completed form to Registrar's Office

Transfer to the Full-time Program _____

Transfer to the Part-time Program _____

Semester Change is Effective: Fall 20____ Spring 20____

Print Name: _____ U#: _____

Phone #: _____ Current Cumulative GPA: _____

CREDITS: Earned _____ Currently Registered for _____ Remaining _____

Expected Date of Graduation: _____

Reason for Request: _____

IMPORTANT NOTE: Your tuition charges will change so please be sure to contact the Financial Aid office to discuss how to update your aid. When you change program from Full-time to Part-time, please be aware that you will not have priority over DAY