



CHANGE OF PROGRAM FORM

This form must be authorized by the student’s Program Director, Department Chair, or their Student Success Director (CON). Students who register for courses outside of their approved program are not guaranteed credit toward their graduation requirements.

- BSN Students changing from pre-nursing or pre-health to Nursing Direct should use the Program Change - BSN form.

STUDENT INFORMATION

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Student ID |
| Program | | Student E-Mail |

CURRENT PROGRAM

| | |
|--|----------------------------|
| School/College <input type="checkbox"/> CON <input type="checkbox"/> COSH <input type="checkbox"/> Student Affairs <input type="checkbox"/> COM | Degree/Certificate Program |
|--|----------------------------|

Requested Program and Semester

| | | |
|--|----------------------------|------------------|
| School/College <input type="checkbox"/> CON <input type="checkbox"/> COSH <input type="checkbox"/> Student Affairs <input type="checkbox"/> COM | Degree/Certificate Program | |
| Semester <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | Year | Program Director |

I hereby request the above change(s) in curriculum. I understand I will be subject to all requirements and enrollment restrictions of the college/or department in which the proposed new program is located, that my graduation may be delayed as a result of changing curriculum, and I may become ineligible for credit hours which cannot be used toward the new degree plan.

Student Signature _____ Date _____

Program Review and Approval

The above request is: Approved Denied

If denied, please explain why:

Program Director Signature _____ Date _____

Office of the Registrar Signature: _____ Date Posted: _____