|  |
| --- |
| Change of program request |
| Name (Last, First, M.I.): |       | [ ]  M [ ]  F | ID#: |       |
| Email: |       |
| Daytime Phone Number: | (     ) |       | Cumulative GPA: |       |
|  |
| Enrollment Information |
|  |
| Current Program Enrollment: |       |
| Desired Program Enrollment: (Undergraduate Degree) |
| [ ]  Accelerated Degree Completion |
| [ ]  Addictions Counseling – Associate of Arts |
| [ ]  Christian Ministries |
| [ ]  Counseling |
| [ ]  Counseling Ministries  |
| [ ]  Degree Completion |
| [ ]  Integrated Studies – Associate of Arts |
| [ ]  Integrated Studies – Bachelor of Science |
|  |
| Desired Program Enrollment: (Graduate Degree) |
| [ ]  Master of Arts. Concentration:       |
| [ ]  Master of Education. Concentration:       |
| [ ]  Master of Science in Counseling |
| [ ]  Non-Degree Seeking |
| Reason for switching programs |
|        |
| I understand that, because I am changing my program, it may take me longer to finish my studies than anticipated. | [ ]  | Agree | [ ]  | Disagree |

**Email this completed form to your academic advisor who will pass your change of program request form to each party listed below for a signature. You will be notified when the request has been processed and the change has been made.**

Current Academic Advisor Date

Distance Education Enrollment Director Date

New Program Director Date

New Academic Advisor Date

**Once all signatures are obtained, the new academic advisor shall take this form and other attached items (folder, etc.) to the**

**Registrar’s Office for processing.**

*Registrar’s Office*

Campus Vue Changes \_\_\_\_\_\_\_\_ Advisor Updated \_\_\_\_\_\_\_\_ Student Notified \_\_\_\_\_\_\_\_ FA Office Notified \_\_\_\_\_\_\_\_