|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_