

## **CHANGE PROGRAM REQUEST**

## **DEADLINE FOR SUBMISSION -- PRIOR TO START DATE OF SEMESTER**

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	e GPA:
CREDITS: Earned Currently Registered for	Remaining
Expected Date of Graduation:	
Reason for Request:	
<b>IMPORTANT NOTE</b> : Your tuition charges will change so please update your aid. When you change program from Full-time to Part-t classes at registration.	
*Student's Signature	Date:
<u>Full-time Students – Acknowledgement of Academic Policy</u>	
I understand the Haub Law Policy with reference to employment due employment should be restricted to twenty (20) hours per week.	ring the academic year by full-time students is such that
I understand that it is the policy of the Academic Standing Committee in excess of twenty hours a week as special circumstance in deciding for academic failure.	
I, (print name), have read the above	we statements and agree to comply with the standard.
Student's Signature Date	
DO NOT WRITE BI	ELOW THIS LINE
Change of Program Granted Denied Comm	ments:

Date

Signature of the Academic Dean