



Vancouver Campus

This form is to be completed by the student after consultation with his/her Program Coordinator and Academic Advisor. To change programs a student must be in good academic standing and meet the admission requirements of the new program. A copy of this form must be returned to the Enrollment Services Office after all approvals are obtained. The School/Department of the new program will prepare a revised curriculum check sheet. (Please be certain that prerequisites for the new curriculum are satisfied.)

Last Name: _____ First Name: _____ Student ID: _____

E-mail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Change Requested: Program Change Change of Major Change of Concentration/Specialization

Academic Advisor: _____

Current: Program/Major/Specialization or Concentration _____

Request to Change to: _____

Student's Signature: _____ Date: _____

Transfer Credit Review Required (attach Course Mapping).

Undergraduates Only: I have earned between 16 and 64 credits, and am requesting my one time privilege of having the grades of D and F in the following courses, not required in my new curriculum, be excluded in the calculation of my CGPR (To be approved by the Director/Chair of the new curriculum)

Course Title	Grade	Approved	Course Title	Grade	Approved

TO BE COMPLETED BY RECORDS OFFICE

Date: _____

CGPR _____ CUM. CREDITS _____ CHECKED BY: _____

APPROVAL SIGNATURES REQUIRED:

_____	_____	Advisor change required YES <input type="checkbox"/> NO <input type="checkbox"/>	
Current Advisor	Date		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Old Major/Concentration	Date	Approved	Disapproved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Program Coordinator	Date	Approved	Disapproved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
New Major/Concentration	Date	Approved	Disapproved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director of Enrollment Services	Date	Approved	Disapproved

Received by Enrollment Services	Date:	By:
Colleague Updated by	Date:	By:
New check sheet prepared	Date:	By:

Comments: _____
