



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: _____@student.fdu.edu Cell Phone: _____

Academic level: Graduate Undergraduate

Current Program: _____

Request to: _____

New Program/ Specialization/ Major: _____

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 |
|--------------|-------|----------|--------------|-------|----------|
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| | | | | | |
| | | | | | |

TO BE COMPLETED BY RECORDS OFFICE

Date: _____

CGPR _____ CUM. CREDITS _____ CHECKED BY: _____

APPROVAL SIGNATURES REQUIRED:

| | | | |
|---------------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Program Coordinator | Date | Approved | Disapproved |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| New Program Coordinator | 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: |
| Added Note in Student Planning | Date: | By: |
| New check sheet prepared | Date: | By: |

Comments: _____
