



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

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### CHANGE OF ACADEMIC PROGRAM

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LEVEL:     Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

GPA (Must be 2.00 or higher): \_\_\_\_\_ Credits Earned: \_\_\_\_\_ Verified by \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Current Academic Program: \_\_\_\_\_ Current Catalog Year: \_\_\_\_\_

Current Concentration: \_\_\_\_\_

Current Minor/s: \_\_\_\_\_

New Academic Program: \_\_\_\_\_ New Catalog Year: \_\_\_\_\_

New Concentration: \_\_\_\_\_

New Minor/s: \_\_\_\_\_

Departmental Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director/Chair/Advisor/Dean as applicable)

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*Office Use Only:*

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Admit Status: \_\_\_\_\_ Student Type: \_\_\_\_\_

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