

Deadlines:

- This form must be submitted by the beginning of the **first week** of the term.
- Forms submitted **after** the first week of the current term will be effective for the following term.

Important Requirement:
Please attach an explanation describing the reason(s) why you want to change your academic program.

Student Information (Part 1):		
Student LAST Name:	[PRINT CLEARLY]	Student ID Number ▼
Student FIRST Name:	[PRINT CLEARLY]	
Residential Address:		
Contact Information:	Email:	Phone:
Are you an International Student?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, please have DSO sign: _____ Date:

Change of Academic Program Information (Part 2):			
Current School:	<input type="checkbox"/> School of Architecture <input type="checkbox"/> School of Art	Grade Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Grad
Check Your Intended Major:	<input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME		
Transfer Approval Effective:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Year:	

- - - STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean’s Office. Betsy will take care of signatures - - -

Required Signatures (Part 3):	
Student Signature:	(Sign) _____ Date: _____
Engineering Department Chair Signature:	(Print) _____ (Sign) _____ Date: _____
Dean Signature:	(Sign) _____ Date: _____

** Do not write below - For Financial Aid use only **

Financial Aid (Part 5):	
This Change of Academic Program:	<input type="checkbox"/> Will not impact student’s Financial Aid <input type="checkbox"/> Will impact student’s Financial Aid
Financial Aid Director Signature:	(Print) _____ (Sign) _____ Date: _____