

# CHANGE PROGRAM REQUEST

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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 GPA: \_\_\_\_\_

CREDITS: Earned \_\_\_\_\_ Currently Registered for \_\_\_\_\_ Remaining \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**IMPORTANT NOTE:** Your tuition charges will change so please be sure to contact the Financial Aid office to discuss how to update your aid. When you change program from Full-time to Part-time, please be aware that you will not have priority over DAY