

Admissions Application Semester/Program Change Form

Name _____ ID#: _____

Date of Birth: _____ Current Phone: (____)____-____ ☐ Home ☐ Cell

Email address: _____

Semester Change

☐ I would like to move my application to Fall of 20 _____

I would like to move my application to Spring of 20 _____

I would like to move my application to Summer of 20 _____

I would like to decline my application for _____

Program Change

(New Students Only)

Current Program: _____

Requested Program: _____

Currently enrolled degree students must meet with an Advisor in the Advisement and Counseling Center

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Applicant is under 18 years old)

Please submit this form to the Admissions office.