

Date: \_\_\_\_\_

# Request for Change of Academic Program Form

Selection of a new program, additional major (2nd major), and/or minor or certificate may change projected graduation date. Although the academic advisor should be consulted on matters of curriculum, the ultimate responsibility for decisions on the student's program of study remains with the student. Each student holds the ultimate responsibility to understand degree requirements and to plan for orderly fulfillment.

**To be completed by STUDENT**—please print:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last) (First) (M.I.)

**Intended Load:**  Full-time  Part-time

**Current College:**  College of Arts and Sciences  College of Business  
 College of Engineering  College of Pharmacy and Health Sciences

**Proposed College:**  College of Arts and Sciences  College of Business  
 College of Engineering  College of Pharmacy and Health Sciences

## PROGRAM INFORMATION

**DEGREE:**  Associates  Bachelors  Master's  Doctoral

**CURRENT:**

**PROPOSED:**

Major: \_\_\_\_\_

\_\_\_\_\_

2nd Major: \_\_\_\_\_

\_\_\_\_\_

Minor: \_\_\_\_\_

\_\_\_\_\_

2nd Minor: \_\_\_\_\_

\_\_\_\_\_

Certificate: \_\_\_\_\_

\_\_\_\_\_

2nd Certificate: \_\_\_\_\_

\_\_\_\_\_

Catalog Year: \_\_\_\_\_

\_\_\_\_\_

Reason for Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT THIS FORM TO THE ACADEMIC DEAN'S OFFICE OF PROPOSED ACADEMIC PROGRAM.**

**To be completed by ACADEMIC DEAN'S OFFICE OF STUDENT'S PROPOSED NEW COLLEGE/PROGRAM**

Dean's Approval:  Yes  No

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

Change Advisor to: \_\_\_\_\_

Degree Audit Reviewed with Student using  
Self-service or first in Colleague

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to ENROLLMENT SERVICES**

**To be completed by ENROLLMENT SERVICES**

Program/Catalog updated in Student Record Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor updated in Student Record Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Student Intended Load updated Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Student, Advisor, and Dean's Office notified  
(Information sent) Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Degree Audit Exceptions Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Additional questions regarding changing a program should be directed to the Dean's Office of the appropriate College. College and department contact information is below.

**EMAIL THIS COMPLETED FORM TO:**

**College of Arts and Sciences**  
Herman Hall, Room 205  
**Phone:** 413-782-1279  
**Email:** coas@wne.edu

**College of Business**  
Churchill Hall, Room 214  
**Phone:** 413-782-1231  
**Email:** cob@wne.edu

**College of Engineering**  
Sleith Hall, Room 101  
**Phone:** 413-782-1271  
**Email:** coe@wne.edu

**College of Pharmacy and Health Sciences**  
Center for Sciences and Pharmacy, Room 216  
**Phone:** 413-796-2333  
**Email:** coph@wne.edu