



### STUDENT PERSONAL INFORMATION

ID Number

Name Last, First, Middle

### ACADEMIC INFORMATION

#### Current Program of Study Information

Degree (Major)

Catalog Year

#### Desired Entrance Year and Term (if approved)

Effective Academic Year (e.g. 2023-24)

Effective Term

Please describe your reason(s) for desiring this change of Program of Study.

Student Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

### ACADEMIC RECORD REVIEW

Review Completed?

Sciences GPA:

Career GPA:

MC GPA:

Lower Division Arts & Sciences Courses Remaining:

Registrar Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

### DEAN OF NURSING REVIEW

Change Approved?

Effective Academic Year

Effective Term

Rationale for Denial:

Dean of Nursing Signature \_\_\_\_\_ Date Completed \_\_\_\_\_