# Methodist College

## Program Change For Non-Nursing Programs

This form is to be completed when a student requests a change of major program of study to any program *other* than a Nursing program.

**To save or submit this form via email, please print the completed form to PDF**

## STUDENT PERSONAL INFORMATION

**ID Number**

**Name** Last, First, Middle

## ACADEMIC INFORMATION

### Current Program of Study Information

**Degree (Major)**      **Catalog Year**

### Desired Program of Study Information (post-change)

**Degree (Major)**      **Catalog Year**

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

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

Students seeking to change their program of study must meet with their academic advisor and the Lead Faculty/Program Chair overseeing the desired program prior to completing this form. Forms submitted lacking the signature of the academic advisor and/or Lead Faculty/Program Chair will not be acted upon.

Student seeking to change their program of study are also advised to discuss their intent to change programs with the Financial Aid Office as such changes often result in a change to the student's expected Graduation Date.

In general, program change requests are effective with the beginning of the next academic calendar term following submission and may result in a change of catalog requirement year dependent on when the request is submitted.

Student Signature _____ Date Completed _____

Advisor Signature _____ Date Completed _____

Lead Faculty /
Program Chair Signature _____ Date Completed _____

Registrar Signature _____ Date Completed _____

**RECORDS OFFICE USE ONLY**
(Indicate distribution date below)

_____ Registrar's Office

_____ Advisor

_____ Student

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