PLEASE CHANGE MY ACADEMIC PLAN FROM:

_____________________________________

OLD ACADEMIC PLAN

_____________________________________

DESIRED ACADEMIC PLAN

SUB-PLAN (CONCENTRATION):

_____________________________________

SUB-PLAN (CONCENTRATION):

***Please see below for entire listing of Academic Plans and Sub Plans (Concentration).***

STUDENT’S SIGNATURE

DATE

DESIRED PROGRAM COORDINATOR

DATE

OFFICE OF THE REGISTRAR USE ONLY

NEW PLAN

SUB PLAN

ENTERED BY

DATE

RECEIVED BY REGISTRAR’S OFFICE: ______________________________________ DATE: ____________