

# 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.)

<b>Intended Load:</b>	Full-time	Part-time	<input type="checkbox"/>	<input type="checkbox"/>
<b>Current College:</b>	College of Arts and Sciences	<input type="checkbox"/> College of Business	<input type="checkbox"/>	
	College of Engineering	<input type="checkbox"/> College of Pharmacy and Health Sciences	<input type="checkbox"/>	
<b>Proposed College:</b>	College of Arts and Sciences	<input type="checkbox"/> College of Business	<input type="checkbox"/>	
	College of Engineering	<input type="checkbox"/> College of Pharmacy and Health Sciences	<input type="checkbox"/>	

**PROGRAM INFORMATION**

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

<b>CURRENT:</b>	<b>PROPOSED:</b>
Major: _____	_____
2nd Major: _____	_____
Minor: _____	_____
2nd Minor: _____	_____

**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: \_\_\_\_\_

(Information sent)

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