



Part I - To be completed by the Student:

Name: _____ Student ID #: _____

Email: _____ Program: _____

What are you requesting?

Briefly explain the reasons for your request (if more space is required, you may attach additional sheets using the button on the right). If requesting a change of program, be sure to attach your revised purpose statement.

Signature: _____ Date: _____

Part II - To be completed by the Faculty Adviser:

Please comment on why you support this request:

Quarter and Year Effective (required for change of degree or study option): _____

Faculty Advisor Signature: _____ Date: _____

Co-Advisor Signature (if applicable): _____ Date: _____

Part III - To be completed by the Office of Student Services: APPROVED NOT APPROVED

Comment:

Signature: _____ Date: _____