

PROGRAM CHANGE

All official Program Changes must be returned to the Registrar's Office

Student ID# or Soc Sec # _____

Student Name _____
Last First M.I.

New Program Code _____ Program _____ Year of Catalog _____

Old Program Code _____ Program _____

Receiving Financial Aid

As I initiate this change, I am aware of the transferability of credits to my new program. (If not, we suggest you consult with your counselor/advisor at 989-686-9330.)

Student Signature _____ Date _____

***Must complete if validated for Health Program**

****I am currently validated for the _____ program and wish to void my validation.***

Student Signature _____ Date _____