



## OFFICE OF ACADEMIC AFFAIRS

### ACADEMIC PROGRAM CHANGE/ADD FORM

First Name:	Last Name:
Student ID #:	Phone #:
Email Address:	

Request to:      Change ☐      Add ☐      Academic Program

	Name of Academic Program
<b>CURRENT</b> Academic Program	
<b>NEW</b> Academic Program	

I, \_\_\_\_\_, understand the purpose of this form is to authorize USML's Student Services personnel to change my Academic Program. I also understand that this change may affect the total number of credits/courses I may be required to complete before graduation.

Student's Signature		Date:	
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Submit the completed form to the **Dean of the School of Parish Leadership and Evangelization**.

### FOR OFFICE USE ONLY

Approved by the Dean and/or Assistant Dean      Yes ☐      No ☐

Dean or Assistant Dean Signature \_\_\_\_\_ Date: \_\_\_\_\_

Effective Semester/Year \_\_\_\_\_