



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 prior to graduation.

Student's Signature		Date:	
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Submit completed form to the office of Student Services:

FOR OFFICE USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Forward to the Dean and/or Assistant Dean Yes  No