CHANGE OF UNDERGRADUATE PROGRAM/PLAN REQUEST

STUDENT NAME_____ **ID NUMBER**_____

CURRENT INFORMATION	**NEW INFORMATION**
CURRENT PROGRAM:_____	**NEW PROGRAM**:_____
_____ _____ _____	*Check One If Applicable* MULTIPLE ___DEGREE ___MAJOR

List ALL Current Plan Codes	List ALL Plan Codes, Plan Sequence #, Catalog Year, Subplan as they should appear on the update			
PLAN CODES	**PROGRAM CODES**	**PLAN SEQ#**	**CATALOG YEAR**	**SUBPLAN**
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____

Student Signature: _____Date:_____

Approved, New Dean:_____Effective Date:_____

New Advisor#:_____and Name:_____

Note: A change of school after the 100% refund date will not adjust college fees

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_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
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