



ST. JOHN'S COLLEGE JUNIOR COLLEGE

Change of Program/Major

LAST NAME	FIRST NAME	MIDDLE NAME
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PROGRAM you are presently ENROLLED in: _____ Major(s) if any: _____

PROGRAM you seek to change to: _____ Major(s) if any: _____

Reason for seeking program change: _____

Student Signature [m / d / y]

Academic Dean [m / d / y]

Academic Adviser Signature [m / d / y]

_____ Previous Program Chair's Approval: [m / d / y]	_____ New Program Chair's Approval: [m / d / y]
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The student is responsible for submitting this form to the OTR *after* the above is completed.

Deadline: one (1) week prior to registration dates scheduled for the semester in which a student plans to change.

I understand that I will be placed on the program in effect at the time I submit this program/major change form, and all my previous grades will be calculated for my cumulative grade point average.

Semester program change to be effected: _____,

Date received at OTR _____