



ST. JOHN'S COLLEGE – UNIVERSITY CHANGE OF PROGRAM FORM

Student Name: _____
Last Name First Name Middle Name

CURRENT DEPARTMENT:

CURRENT PROGRAM:

PROPOSED DEPARTMENT OF CHANGE:

PROPOSED PROGRAM OF CHANGE:

Reason for seeking Program Change:

SIGNATURES:

Academic Advisor

Date (m/d/y)

Academic Dean

Date (m/d/y)

Current Program Chair's Approval:

Proposed Program Chair's Approval:

Deadline: Submit this form to the OTR no later than TWO days prior to the scheduled registration date for the semester of desired change.

I understand that the program change becomes effective in the semester following the submission of this program change form and that all my previous grades will be carried forward in the calculation of any subsequent cumulative grade point average.

Received at OTR

Registrar

DATE

Semester in which program change is to be effected: