



## REASON FOR CHANGE OF PROGRAM

In the space below, explain the reason for program change in **FULL** detail.

### FOR OFFICE USE ONLY

☐ Request is Hereby Granted      ☐ Request is Hereby Denied or student's status is ineligible

**EVALUATION:** AMDA GPA or H.S. if 1st Semester/Term: \_\_\_\_\_ Prior College? ☐ Yes ☐ No    Good Standing? ☐ Yes ☐ No

Proposed Change of Program to be Effective: ☐ Fall ☐ Spring ☐ Summer    Year: \_\_\_\_\_

Student's New Expected Semester/Term of Graduation: ☐ Fall ☐ Spring ☐ Summer    Year: \_\_\_\_\_

**COMMENTS:** *(please state terms and conditions if applicable)*

Upon completion, student will earn a ☐ Diploma (LA Only) ☐ Certificate of Completion (NY Only)

STAFF SIGNATURE

DATE