

# Student Type/Academic Program Change Request

(Complete this form before registering for the following term.)

Final approval for Student Type/Program Change is contingent upon satisfactory completion of academic coursework

Name \_\_\_\_\_ ID# \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone # \_\_\_\_\_ HS Grad. Year \_\_\_\_\_ Resident \_\_\_\_\_ Commuter \_\_\_\_\_

Email Address \_\_\_\_\_ MU Grad. \_\_\_\_\_  
Year \_\_\_\_\_ program \_\_\_\_\_

### CURRENT STUDENT TYPE:

Adult Student (4yr) \_\_\_\_\_ (AS)  
Adult Student (2yr) \_\_\_\_\_ (AS)  
North East Student \_\_\_\_\_ (MN)  
Corry Student \_\_\_\_\_ (MC)  
Booker T Washington \_\_\_\_\_ (MC)  
Traditional Student (4yr) \_\_\_\_\_ (TR)  
NE CERT \_\_\_\_\_  
GRADUATE \_\_\_\_\_

### NEW STUDENT TYPE:

Adult Student (4yr) \_\_\_\_\_ (AS)  
Erie/NE (2yr) \_\_\_\_\_ (MC) Location = Erie  
North East Student \_\_\_\_\_ (MN)  
Corry Student \_\_\_\_\_ (MC)  
Booker T Washington \_\_\_\_\_ (MC)  
Traditional Student (4yr) \_\_\_\_\_ (TR)  
NE CERT \_\_\_\_\_  
GRADUATE \_\_\_\_\_

Current Major \_\_\_\_\_

New Major \_\_\_\_\_  
Anticipated Completion Date \_\_\_\_\_

North East OAA Asst. Vice Pres. \_\_\_\_\_ Date \_\_\_\_\_

New Advisor Assignment \_\_\_\_\_ Date \_\_\_\_\_

Term Effective \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Change Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Note: Change in student type or academic program will alter the amount of tuition to be paid and may impact financial aid.

QPA \_\_\_\_\_ Credits Earned \_\_\_\_\_ Date Registered \_\_\_\_\_ Transfer Credit \_\_\_\_\_

### Internal Office Use:

Cc: _____ Admissions	initials _____ date _____
_____ Registrar (Original)	initials _____ date _____
_____ Res Life	initials _____ date _____
_____ Director of Student Financial Services	initials _____ date _____
_____ Original to Coordinator	initials _____ date _____

### REGISTRAR ONLY:

_____ Academic Program	_____ Advisor	_____ Admit Stat	_____ Location
_____ Ant. Deg. Date	_____ Enroll Status	_____ Catalog Year	_____ Transcript Eval
_____ Student Type	_____ Initials & Date	_____ Counselor	_____ SREP _____ IDST