



Program Change Request

Student ID Number: _____

1. Student Information

Full Name: _____ Date: _____
Last First M.I.

Current Program: _____

Change to New Program: _____

Effective Quarter: (check one) [] Summer [] Fall [] Winter [] Spring Effective Year: _____

Student Signature: _____

I understand that my request to change my current program may affect my financial aid eligibility and/or award amount and understand this change may impact my time to degree completion.

2. Counseling Office (Office Use Only)

Amount of applicable credits toward new degree: _____ Number of Programs: _____

Pathways Code - PWA (HAD), PWB (BUS), PWU (Explor.), PWH (Health), PWR (Honors), PWP (Pullman), PWE (Educ. SBS), PWS (STEM) [] PWA [] PWB [] PWU [] PWH [] PWR [] PWP [] PWE [] PWS

Comments: _____

Counselor/Faculty Advisor: _____ Date: _____

3. Financial Aid Office (Office Use Only)

Not receiving Financial Aid: []

[] MAXT or Sap Issue (potential of MAXT based on credits already taken) YES [] NO []

[] SULA- Length in previous program and remaining SUB eligibility per new program

[] Alternative Date: YES [] NO []

[] After Quarter Start and before census with NO funding disbursed, eligible for alternative date

[] After Quarter Start and before census with funding disbursed OR AFTER CENSUS - future date

[] Ensure program change form reflects correct effective term

Additional Comments: _____

Financial Aid Initial: _____ Effective Qtr/Year: _____ / _____ Date: _____

4. Admissions & Registration (Office Use Only)

Graduation Application submitted (If yes, student must email Graduation Evaluator) YES [] NO [] Date Submitted: _____

Anticipated Grad Date: _____

Received/Processed by: _____ / _____ Date: _____

Approved: _____ Denied: _____

Reason if denied: _____

Sections 1, 2 & 3 must be completed before submission to the Admissions & Registration office