**Change of Program/Curriculum**

Name: Manor ID # A00000

Manor Email: Contact Number: Expected Grad Date:

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| **Allied Health Division** | | **Arts & Sciences Division:** | | **Business & Technology Division:** | **Education & Professional Studies Division:** |
| ***Associate Degree:***   * Dental Hygiene * EFDA * Veterinary Technology | | | ***Associate Degree:***   * Liberal Arts * Paralegal * Psychology * Pre-Nursing * Pre-Radiologic Science * Pre-Science | ***Associate Degree:***   * Accounting * Business Administration * Computer & Information Systems * Computer Science * Healthcare Administration * Management * Marketing * Sport & Recreational Mgt. | ***Associate Degree:***   * Criminal Justice * Early Childhood Education |
|  | ***Bachelor Degree:***   * Health Services- Dental Hygiene * Health Services- EFDA * Health Services- Health Sciences | | | ***Bachelor Degree:***   * Business Analytics * Computer & Information Systems * General Management * General Business Administration * Health Care Management * Sport Management * Veterinary Practice Management | ***Bachelor Degree:***   * Childcare Administration * Child Development * Criminal Justice Administration * Juvenile Justice * Public Policy * Law Enforcement * Liberal Studies-   Child Development Entrepreneurship  Pre-Law |

**Current Program: Desired Program:**

**REASON:**

**Student Signature: Date:**

**Current Advisor/Program Director Signature: New Advisor/Program Director Signature:**

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**Bursar Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Aid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form, obtain signatures & submit to the Registrar’s Office. All Change of Program requests must be made prior to add/drop. Students may see program changes reflected on the Student Portal.**