**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.**