



Change of Program/Curriculum

Name: _____ Manor ID # _____

Manor Email: _____ Contact Number: _____ Effective Term: _____

Allied Health Division

Associate Degree:

- Dental Hygiene
- EFDA
- Veterinary Technology

Arts & Sciences Division:

Associate Degree:

- Human Services
- Liberal Arts
- Pre-Nursing
- Pre-Radiologic Science
- Pre-Science

Business, Education & Professional Studies Division:

Associate Degree

- Accounting
- Business Administration
- Computer & Information Systems
- Computer Science
- Criminal Justice
- Early Childhood Education
- Healthcare Administration
- Sport & Recreational Management

Note: Make sure you discuss a change of program with both your Academic Advisor and Financial Aid.

Please be aware that not all classes apply to all programs.

Bachelor Degree:

- Health Services
- Liberal Studies
- Life Science Professions
- Psychology

Bachelor Degree:

- Business Analytics
- Childcare Administration
- Child Development
- Computer & Information Systems
- Criminal Justice
- General Business Administration
- General Management
- Health Care Management
- Public Policy
- Sport Management
- Veterinary Practice Management

Current Program: _____

Desired Program: _____

REASON: _____

Student Signature: _____

Date: _____

Current Advisor/Program Director Signature: _____

New Advisor/Program Director Signature: _____

Bursar Notified: _____

Financial Aid Notified: _____

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.

Transcripts Re-evaluated: _____ Degree Audit Assigned: _____ Processed / Scanned & Attached: _____