# Change of Program/Curriculum

Name: _____   Manor ID # _____   Effective Term: _____

Manor Email: _____   Contact Number: _____

### Allied Health Division

**Associate Degree:**

- Dental Hygiene
- EFDA
- Veterinary Technology

### Arts & Sciences Division:

**Associate Degree:**

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

**Bachelor Degree:**

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

### Business, Education & Professional Studies Division:

**Associate Degree:**

- Accounting
- Business Administration
- Computer and Information Systems
- Computer Science
- Criminal Justice

- Early Childhood Education
- Healthcare Administration
- Sport and Recreational Management

**Bachelor Degree:**

- Accounting
- Business Analytics
- Childcare Administration
- Child Development
- Computer and 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 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.**

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