



THE CATHOLIC UNIVERSITY OF AMERICA
OFFICE OF ENROLLMENT SERVICES

REQUEST FOR PROGRAM CHANGE FORM - TRANSFER BETWEEN SCHOOLS

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STUDENT'S ID

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

CURRENT PROGRAM (SCHOOL): _____

TRANSFER TO PROGRAM (SCHOOL): _____

TRANSFER TO PLAN (MAJOR/DEGREE): _____

REASON FOR REQUEST: _____

Effective Semester / Year of change: _____

DATE: _____ STUDENT'S SIGNATURE: _____

To Be Completed By Current Dean

CURRENT GPA: _____ ACADEMIC STATUS: () FRESHMAN () SOPHOMORE () JUNIOR () SENIOR () GRADUATE () GRAD CERTIFICATE

COMMENTS: _____

DEAN'S NAME (PLEASE PRINT): _____

DATE: _____ DEAN'S SIGNATURE: _____

To Be Completed By Transfer To Program Dean

PROGRAM CHANGE: () NOT APPROVED () APPROVED () APPROVED WITH THE FOLLOWING CONDITIONS: _____

DEAN'S NAME (PLEASE PRINT): _____

DATE: _____ DEAN'S SIGNATURE: _____

Instructions:

The student requesting a program change (transfer between schools) should complete the top two sections of this form and submit it to his/her current dean.

The current dean should complete the third section of the form and submit it to the transfer to program dean.

The transfer to program dean should complete the fourth section. If approved, submit the form to the Office of Enrollment Services so the student's record will be updated. Also submit a copy to the previous dean and the student. If denied, return the form to the previous dean with a copy to the student. Do not send denied requests to Enrollment Services.

Notes: Program changes may only be effective between semesters. Requests submitted after the beginning of a semester will be made effective for the following semester.

This form may not be used to request program changes from non-certificate non-degree to degree-seeking. A new application to the University is required.