

REQUEST TO CHANGE ACADEMIC PROGRAM



Student Name:	
Student ID #:	
Date:	
<input type="checkbox"/> New Student	<input type="checkbox"/> Current Student

Please describe what you would like for your full program of study, including all majors, minors, or specializations. If you are keeping any or all of your current program and wish to add new areas, please include the areas that you are keeping.

If you are interested in the Bachelor of Liberal Studies program, you will need to apply and be accepted. Contact BLS Coordinator by emailing BLS@LincolnU.edu for more information.

Degree: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors of <input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Education
Primary Major:
Secondary Major(s): [optional]
Minor(s): [optional]
Anticipated graduation from new program:

If you have met with an advisor or representative from the major to discuss this change, include their information:

Current Advisor:	
_____	_____
Name	Signature
New Advisor:	
_____	_____
Name	Signature/approver
Student Signature _____	
Office of the Registrar	Completed on date: _____
	Unable to complete <input type="checkbox"/>