

REQUEST FOR PROGRAM CHANGE

This form is intended for current students enrolled in a bachelor's degree program at Bryan College of Health Sciences who desire to change to another bachelor's degree program offered at the College.

The following requirements must be completed prior to being considered for acceptance into a different bachelor's degree program offered at Bryan College of Health Sciences. Please obtain signatures in section two as you complete these requirements:

- Consult with current academic advisor to discuss academic implications and initiate the program change form.
- Consult with the Financial Aid Office to discuss financial aid implications associated with a program change.
- Submit the Request for Program Change Form to the Admissions Office.

I. FOR STUDENT COMPLETION: *Please print clearly to be read accurately*

Name: _____ Student ID or SSN: _____

Current Program: _____ Current Program Start Date: _____

New Program Request: _____ New Program Request Start Date: _____

Reason for New Program Request: _____

I understand by signing below I am requesting a program change and a current official transcript will be sent to the BCHS Admissions Office on my behalf.

Student Signature: _____ Date: _____

II. STUDENT OBTAINS SIGNATURES FROM REQUIRED FACULTY/STAFF

Academic Advisor Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

Admissions Representative: _____ Date: _____

III. FOR REGISTRATION AND ADMISSIONS OFFICE

Admissions

- Transcript Requested
- CampusVue New Enrollment Entered *(If approved)*

Registration

- Transcript Submitted
- CampusVue Current Enrollment Ended *(If approved)*
- Advisor Changed *(If approved)*
- Files Merged *(If approved)*

Copies to

- Dean/Director of Current Program
- Dean/Director of Program Request
- Current Academic Advisor
- Registration Supervisor
- APG Chair _____



REQUEST FOR PROGRAM CHANGE
****Internal Use Only****

Program APG Committee for Review: _____ Date of Review: _____

Program Change Request Approved Denied

APG Chair Signature: _____ Date: _____

IV. For Program APG Chair Completion: *Approved Request*

Registrar Notification Yes – Date: _____

New Program Dean/Director Notification Yes – Date: _____

New Program Start Date: _____

Completion of Notification Process

APG Chair Signature: _____ Date: _____

V. For Program APG Chair Completion: *Approved or Denied Request*

Registrar Notification Yes – Date: _____

Requested Program Dean/Director Notification Yes – Date: _____

Current Program Dean/Director Notification Yes – Date: _____

Current Academic Advisor Notification Yes – Date: _____

Completion of Notification Process

APG Chair Signature: _____ Date: _____

VI. For Admissions Office Completion: *Approved or Denied Request*

Student Notification Yes – Date: _____

Completion of Notification Process

Admissions Representative Signature: _____ Date: _____