



# University of Northern Virginia

7601 Little River Turnpike, Annandale, VA 22003, USA  
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## REQUEST FOR CHANGE ACADEMIC PROGRAM

Mr./Ms./Mrs. \_\_\_\_\_  
Last Name (Family Name) First Name (Given Name) Middle Initial

Address \_\_\_\_\_  
Number & Street City State/Province Zip Code

( ) \_\_\_\_\_  
Telephone Number Student ID #

\_\_\_\_\_ E-Mail Address

**Current Degree Program:**  BBA  BS  MAC  MBA  MED  MPA  MS  DBA  DED  DIT  
 ESL

**Current Major/Concentration:** \_\_\_\_\_ Bachelor degree major: \_\_\_\_\_

\*You may only change academic programs with the same degree level (i.e. Master to Master, Doctorate to Doctorate)

\*\*For change of program with different degree levels, stop and contact the Admissions Department.

**New Degree Program:**  BBA  BS  MAC  MBA  MED  MPA  MS  DBA  DED  DIT

**New Major/Concentration:** \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

### Approved by:

\_\_\_\_\_  
Current Department Chair's Signature (Date) New Department Chair's Signature (Date)

**Approved with no conditions by New Department Chair.**

**Approved with conditions by New Department Chair. Must take the following conditional courses:**

**Approved by Dean/Assistant Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: The change will be effective starting from the following term. Transfer of credit approved may be voided.

<b>Official Use Only</b>	Payment received by: _____	Date: _____
	Registration Received by: _____	Date: _____
	Registration Processed by: _____	Date: _____