

A student can request to change his or her program plan through written notification to the academic advisor. A program plan change will require approval from the program director or associate dean. A change in a program plan stipulates that the student will be required to comply with the current catalog requirements at the time of change. Program plan change requests must be submitted and approved by the end of the add/drop period\* to be effective for the current term; otherwise, the program plan change is applicable to the subsequent term of request. A program plan change form is equivalent to submitting an application for admission to the request program. Note: Do not complete this form if you are requesting to change to program modality.

The following information is required to review your program plan change request.

Student Name: \_\_\_\_\_ CWID#: \_\_\_\_\_ Admit Term: \_\_\_\_\_

Current Academic Program: \_\_\_\_\_ Program Director: \_\_\_\_\_

Requested Program: \_\_\_\_\_ Program Director: \_\_\_\_\_

I am an F-1 Visa student. *If checked, You must also submit your program changes on the OISS Portal for an I-20 update.*

Completed, waived and in-progress courses (*core courses are not eligible for waiver; previously waived courses will be reevaluated*):

Explanation for plan change:

Have you ever been adjudicated guilty or convicted of a misdemeanor or felony?      Yes                  No  
*If you answered Yes, please provide an explanation as to the nature of the conviction:*

*Additional information may be required. Return the completed form to your academic advisor. If your program plan change is approved, your expected graduation date and financial aid may be adjusted.*

*By signing below, I acknowledge all information provided is true and accurate and that I understand the statements provided above.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Approve  
 AND/OR Deny      Date: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Dir. Student Services: \_\_\_\_\_ Effective Term: \_\_\_\_\_ Date: \_\_\_\_\_

\*add/drop period dates are listed in the GSEP Academic Catalog