

<b>REGISTRAR STAFF ONLY</b>	
Date Received:	_____
Received By:	_____
Date Processed:	_____

## Program of Study Change Request

Please complete all applicable fields in pen. When requesting changes to your program of study (i.e. major, concentration or catalog year changes), verify all program requirements before obtaining the required signatures for this form.

**Note: A change of major may result in a change of catalog year.**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT UID: \_\_\_\_\_ EMAIL: \_\_\_\_\_@floridapoly.edu

Anticipated Term/Year of Graduation:  Summer  Fall  Spring 20\_\_\_\_\_

Program of Study Change Request (check all that apply):  Major  Concentration  Catalog

Old Major/Concentration	New Major/Concentration
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Current Catalog Year: \_\_\_\_\_ If seeking to change catalog, please enter New Catalog Year: \_\_\_\_\_

**Step 1: Student Confirmation (All fields required – attach additional statement if more space is required)**

Please explain the reason for your change request: \_\_\_\_\_  
\_\_\_\_\_

I understand the potential impacts changes to my program of study may have on Excess Hours, Financial Aid, and Expected Term of Graduation, and that I am responsible for completing all program and catalog requirements.

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

**STEP 2: Academic Success Coach**

Student is aware of the program requirements effective with this change, and the potential impact it may have on Excess Credit, Financial Aid, and Expected Term of Graduation. A degree planner for (Term/Year): \_\_\_\_\_ and (Program of Study) \_\_\_\_\_ has been reviewed and discussed with student to verify new requirements.

Success Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 3: Degree Program Department Chair (Current Program of Study)**

Student has discussed their academic and career goals and reason for the requested change in their program of study.

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 4: Degree Program Department Chair (New Program of Study)**

**Change of Majors Only:** I have discussed the program requirements with this student; they are aware of their responsibility to follow the program curriculum and the following conditions (list conditions as applicable):

\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_