



UNDERGRADUATE CHANGE OF PROGRAM REQUEST

Return to:
Registrar's Office
1025 North Broadway
Milwaukee, WI 53202-3109

Fax: (414) 277-6914
Phone: (414) 277-7215

Please request an unofficial transcript to take with you when you meet with the department chairperson or program director of the program into which you wish to be admitted so that he or she may review your records.

Name _____
(Last) (First) (Middle initial)

Student number _____ Date _____

Please read this carefully. Some students do not benefit from this option.

Students who change academic programs have the option of having certain courses removed from the calculation of their grade point averages. Also, you will lose the credit which may affect your grade level. All courses which do not meet academic requirements in the new program will be removed.

Your signature is required to take advantage of this option. _____

Current program(s) _____

New program(s) _____

Department adviser signature (current program)

Date

I have reviewed this student's academic record and approve his or her admission into this program.

Department chairperson or program director signature
(program into which you are seeking admission)

Date

Student signature

Date