

THOMAS COLLEGE
OFFICE OF THE REGISTRAR

CHANGE OF PROGRAM

Name _____ Student ID No. _____

I would like to change my program of study from

_____ to _____

Current adviser _____

New adviser _____

My signature below attests that I am aware that changing my program may require me to enroll for additional semesters of classes beyond those specified by my original program in order to complete the degree requirements for my new program, and furthermore that I may not be able to transfer all credits earned at Thomas College from one program to another.

Student Signature

Date

For office use only:

___ Program sheet maintenance – change program

Do all previous courses apply? ___ Yes ___ No

___ Change menu : ___ adviser

By _____

Date _____