

12750 Fair Lakes Circle Fairfax, VA 22033 USA Phone: +1 (571) 633-9651

Fax: +1 (703) 890-3372

www.uona.edu

## **Change of Degree/Academic Program Request Form**

Date:			
	st Name	Last Name	Middle Initial
Student I.D.:		Personal Email:	
Current Degree Pr	ogram:		
New Program:			
current program <i>may,</i>	may not apply/transfer to		nent designee. Courses taken for a ogram from one degree/credential a new enrollment agreement.
Student Signature	i	Da	nte:
	(Signature)		
Designee	, ,	nature) Da	ate:
	(Signature)		
SEVIS updated	Initial:	Date:	
CC updated	Initial:	_ Date:	