

# CHANGE OF COURSE FORM

Student Information:

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Current Program: \_\_\_\_\_

Current Major: \_\_\_\_\_

Requested Changes:

New Program: \_\_\_\_\_

New Major: \_\_\_\_\_

Reason for Requested Changes:

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Academic Advisor Approval:

I approve the above-requested changes and confirm that the student has met all necessary requirements for the new program and major.

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair Approval:

I approve the above-requested changes and confirm that the student has met all necessary requirements for the new program and major.

Department Chair Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Registrar's Office:

Changes have been made to the student's academic record.

Registrar's Name: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form to the Registrar's Office for processing.

YONIVAS OPEN UNIVERSITY