

Use this form to request changes to your current CGU degree and certificate programs. To add a subsequent degree once you have completed your existing degree, use the Application for a New (Subsequent) Degree form.

- You must be currently enrolled in a CGU degree program to request any program changes. If you have been withdrawn or do not have a current student status with the University, you are not eligible to use this application. Consult with your program.
- For certain transactions, a separate admissions process may be required.
- Requests involving dual or Interfield degrees should be accompanied by a Dual Degree Coursework Proposal Form or an Interfield Coursework Proposal Form.
- You are responsible for determining and finalizing all financial aid arrangements prior to submitting this form.
- If you are an international student, please consult with the International Student Office before submission of this form.
- **All program changes are effective on the first day of the term following the date of receipt of this form in the Registrar's Office. Forms received in the Registrar's Office on or after the first day of a term will be effective the first day of the following term.**

Student Information

CGU ID # 254 — _____

Last Name _____ First Name _____

My Current Program/Degree(s)

Program (Department) _____ Degree _____ Concentration _____

I am requesting the following change(s), effective for (Semester/Year) _____

- | | |
|--|--|
| <input type="checkbox"/> Add certificate | Which certificate: _____ |
| <input type="checkbox"/> Change/add concentration | Concentration should be: _____ |
| <input type="checkbox"/> Change degree (single degree) | New degree: _____ |
| <input type="checkbox"/> Change to dual degree | Degree #1: _____
Degree #2: _____ |
| <input type="checkbox"/> Change to Interfield degree | Program (Department) #1: _____
Program (Department) #2: _____ |
| <input type="checkbox"/> Drop/leave program | What should be dropped: _____ |

By my signature below, I acknowledge that I understand the academic requirements and financial aid implications of the change I am requesting.

Student Signature _____ **Date** _____

Department/Program Approvals

Effective (Semester/Year) _____

***Dual or Interfield program changes require
approvals from both departments***

Department _____

Department _____

Dean/Chair Printed Name _____

Dean/Chair Printed Name _____

Signature _____ Date _____

Signature _____ Date _____

Dept. Review Printed Name _____

Dept. Review Printed Name _____

Signature _____ Date _____

Signature _____ Date _____

Submit Completed Form to the Registrar's Office

FOR INTERNAL USE

Approved Effective (Semester/Year) _____

Rev 9/18

Registrar's Office _____ Date _____ Copy to International Students Office (for F1 and J1 visas) _____