

STUDENT CHANGE OF STATUS FORM

STUDENT INFORMATION			
Last name:	First:	Middle:	
Birth date: / /	Student ID Number:	Phone Number: ()	Email Address:

<input type="checkbox"/> <u>1. Change of Major</u> Effective Date: _____	Current Major: _____ Proposed Major: _____
<input type="checkbox"/> <u>2. Request for Additional Semester(s)</u>	Specify semester(s): _____ Number semesters already completed: _____
<input type="checkbox"/> <u>3. Permission to Transfer Credit</u> <i>(Attach course description/syllabus)</i> Transfer Course: _____ Transfer Course: _____	<u>Institution:</u> Maria College Equivalent: _____ Maria College Equivalent: _____
<input type="checkbox"/> <u>4. Permission for part-time matriculated student to change to full-time status</u>	Semester to Begin Full-Time: _____
<input type="checkbox"/> <u>5. Permission to take more than 19 credits</u>	Semester: _____
<input type="checkbox"/> <u>6. Other Action:</u>	

SIGNATURES

Signatures must be obtained prior to submitting to the Registrar's Office.

Student Date

Current Dept Chair Date

Academic Advisor Date

Proposed Dept Chair *(Change in Major only)* Date

<input type="checkbox"/> <u>7. Waiver of Degree Requirements by Substitution of Course</u> Required Course: _____	Substitute Course: _____
Required Course: _____	Substitute Course: _____

SIGNATURES

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Student Date

Dept Chair Date

Academic Advisor Date

VP for Academic Affairs Date