

## CHANGE OF STATUS FORM

| STUDENT INFORMATION |                    |                      |        |
|---------------------|--------------------|----------------------|--------|
| Last name:          | First:             | Middle:              |        |
| Birth date:<br>/ /  | Student ID Number: | Phone Number:<br>( ) | Email: |

|   |   |
|---|---|
| <input type="checkbox"/> <b>1. Change of Major</b><br>Effective Date: _____   | Current Major: _____<br>Proposed Major: _____   |
| <input type="checkbox"/> <b>2. Request for Additional Semester(s)</b>   | Specify semester(s): _____<br>Number of semesters already completed: _____                |
| <input type="checkbox"/> <b>3. Permission to Transfer Credit</b><br><i>(Attach course description/syllabus)</i><br>Transfer Course: _____<br>Transfer Course: _____ | <b>Institution:</b><br>Maria College Equivalent: _____<br>Maria College Equivalent: _____ |
| <input type="checkbox"/> <b>4. Permission to take more than 19 credits</b>  | Semester: _____   |
| <input type="checkbox"/> <b>5. Other Actions:</b>   |   |

### 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 <i>(Change in major only)</i> | Date |

|  |                          |
|--|--------------------------|
| <input type="checkbox"/> <b>7. Waiver of Degree Requirements by Substitution of Course</b><br>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 |