

Request for Change of Academic Program

Student ID# _____

Your Cambridge College Location

- Boston (formerly Cambridge) Puerto Rico
 Lawrence Springfield Southern California

Student contact information

Last name _____ First name _____ Middle name _____

Current Residence:

Address _____ Apt _____ Phone cell home (_____) _____

City _____ State _____ Zip _____ Work Phone / ext. (_____) _____

Cambridge College e-mail _____

Your degree program/major

NEW

Current

ESE Licensure

MEPID no. _____

Licensure? Yes No
 Level _____

Licensure? Yes No
 Level _____

Dates

Effective date of change (mm/dd/yy): _____

Fall Spring Summer Year _____

New Program: Expected graduation date:

January June August Year _____

Fill in Course Plan on Next Page With Your New Academic Advisor

Get signatures or attach printouts of emails indicating approval.

Program Chair of **NEW** program _____ Date _____

Academic Dean of **NEW** program _____ Date _____

Program Chair of **current** program _____ Date _____

Academic Dean of **current** program _____ Date _____

By signing, I acknowledge that:

- I must meet the requirements of my new program current at the time of this program change (see current academic catalog).
- I have reviewed this program change with my academic advisor/seminar leader and the receiving program chair and discussed the academic, program cost, financial aid, and transfer credit implications.

Student
 Signature _____ Date _____

Once this form has been received by the Registrar's Office, processing time is about one week. Please keep a copy for your records. If you have any questions please contact the Registrar's Office.

After completing form submit it to:



Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129

Or email to: registrar@cambridgecollege.edu

Or fax to: 617.242.0026



