

# Request for Change of Academic Program

Student ID# \_\_\_\_\_

Your Cambridge College Location

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Boston      | <input type="checkbox"/> Puerto Rico         |
| <input type="checkbox"/> Lawrence    | <input type="checkbox"/> Southern California |
| <input type="checkbox"/> Springfield | <input type="checkbox"/> Other _____         |

**Student contact information**

PLEASE PRINT CLEARLY and COMPLETE ALL ITEMS

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Current Residence:

Address \_\_\_\_\_ Apt \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cambridge College e-mail \_\_\_\_\_

**1. Your degree program/major**
**NEW**
**Current**
**ESE Licensure**

MEPID no. \_\_\_\_\_

 Licensure?  Yes  No

Level \_\_\_\_\_

 Licensure?  Yes  No

Level \_\_\_\_\_

 Same program: please update advising institutional requirement year to current academic catalog

**Dates**
**Effective date**
**of change** (mm/dd/yy): \_\_\_\_\_

 Fall  Spring  Summer Year \_\_\_\_\_

**New Program: Expected graduation date:**
 January  June  August Year \_\_\_\_\_

**2. Fill in course plan on next page with your new academic advisor**
**3. Get all signatures below** or attach printouts of emails indicating program change approval.

**The Registrar's Office cannot accept forms without all signatures.**

 Program Chair of **NEW** program \_\_\_\_\_ Date \_\_\_\_\_

 Academic Dean of **NEW** program \_\_\_\_\_ Date \_\_\_\_\_

 Program Chair of **current** program \_\_\_\_\_ Date \_\_\_\_\_

 Academic Dean of **current** program \_\_\_\_\_ Date \_\_\_\_\_

**4. 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 \_\_\_\_\_

**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

**New Program Course Plan**    *Fill in With Your New Academic Advisor*

| Course Number | Successfully completed courses that will count towards new program | Credits | Comments |
|---------------|--|---------|----------|
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| Course Number | See CURRENT Academic Catalog program chart<br>Courses needed for new program, yet to be completed | Credits | Comments |
|---------------|---|---------|----------|
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**Comments**