



Cambridge College
Office of the Registrar

Student ID# _____
US SS# ____/____/____

Request for Change of Academic Program

Cambridge College - 1000 Massachusetts Avenue - Cambridge, MA 02138 - (800) 877-4723
Registrar's Office - (800) 877-4723 x. 1101
Fax - (617) 349-3560
www.cambridgecollege.edu
Please Print and complete form

Check off Location

- ★ Cambridge, Ma Campus
- ★ San Juan, PR Site
- ★ Chesapeake, VA Site
- ★ Ontario, CA Site
- ★ Springfield, MA Site
- ★ Lawrence, MA Site
- ★ Augusta, GA Site
- ★ Other _____

Please check Term YR _____
★ FALL ★ SPRING ★ SUMMER

Student Information
Change of Academic Program

Name _____ Contact Telephone (____) ____ - ____ Home/ Cellular

Address _____ State/ Zip _____
Apt#/Suite

New Program Anticipated Graduate
Date: January YR ____ June YR ____ August YR ____

Transfer: _____ **Program**
Degree Major

To: _____ **Program**
Degree Major

Effective Date ____/____/____ ★ Fall YR ____ ★ Spring YR ____ ★ Summer YR ____

I have reviewed this with my Seminar/ Academic Advisor, and the receiving Program Coordinator in order to discuss the academic, financial, and/or transfer credit implications of changing programs.

Student's Signature Date: ____/____/____

Seminar/ Academic Advisor Signature Date: ____/____/____

Approved

Existing Program Coordinator _____ Receiving Program Coordinator Date: ____/____/____

This form will initiate process once it has been received in the Registrar's Office. The approximate turn around time is one week. Please make sure you keep a copy for yourself for your academic records. If you have any questions please feel free to contact this office at our number above.