OHIO CHRISTIAN UNIVERSITY

Change of Program
Traditional Program

Name: _____

What can we do for you?

[ ] **Change My Program**   Sign me out of my current degree program and into this new program

Program you are dropping: _____

[ ] **Add a Program**   Keep my current program **and** enroll me in this one

[ ] **Change Catalog**   Change my current program to requirements from the current catalog

☐ Do you have transfer hours to be re-evaluated for your new program?

School of	Degree *or Program Type*	Program Name *Major, Minor, etc.*
☐ Business	☐ BA/BS	_____
☐ Arts and Sciences	☐ AA/AS	_____
☐ Social and Behavioral	☐ Concentration	_____
Sciences	☐ Certificate	_____
☐ Education	☐ Minor	_____
	☐ Non-degree	_____

Projected Semester of Graduation: _____   Catalog of Reference: _____

Advisor or Dean: _____   Date: _____
Signature is required for all changes.

Student's Signature: _____   Date: _____