



REQUEST FOR CHANGE OF PROGRAM STATUS

Full Legal Name \_\_\_\_\_

Banner ID Number \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle (required) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Degree Program \_\_\_\_\_

This Request for Change of Program Status is for the term beginning: Fall [ ] Spring [ ] Summer [ ] Academic Year \_\_\_\_\_

From Concentration \_\_\_\_\_ To Concentration \_\_\_\_\_
From Endorsement \_\_\_\_\_ To Endorsement \_\_\_\_\_

Permanent Mailing Address

Number and Street \_\_\_\_\_

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

( ) ( ) Email Address \_\_\_\_\_
Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

If you are currently not enrolled, when did you last attend the University? \_\_\_\_\_

I understand that this request is subject to all the terms and conditions and all officially announced changes, financial and otherwise, and all other policies set forth in the current UMW Academic Catalog. Further, I agree to accept all terms and conditions, academic, financial and otherwise, which are in effect during the entire period of enrollment. Students who change concentrations are subject to the concentration requirements in effect at the time of the concentration change.

Student Signature \_\_\_\_\_

Advising Services Signature \_\_\_\_\_

Department Approval \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_