

## GRADUATE PROGRAM CHANGE REQUEST FORM

Meet with program director then return completed form to the Registration and Records Office Smyth Hall, Room 1, reg@naz.edu

Last Name	First Name	irst Name Middle			Last four of SSN or Student ID #
Address					Home Phone
City State		Zip			Work Phone
Undergraduate Degre	ee Held	Teacher Certification	on Held		Cell Phone
# Credit Hours Comp	oleted Anticipated	Completion Term		Email	
Current Program New Progr				New Program	n Request
Note: certain prograr	requesting program ch n changes may require	reapplication and/o	or prerequ	iisite coursev	vork evaluation.
Student Signature		Date OFFICE	USE O	NLY	
		Academic Prog	gram Au	<u>thorizatio</u>	<u>1</u>
New Progra	m Director Not Approved	New Adviso		t Approved	Dept. Chairperson (if applicable)  Approved Not Approved
Signature/Date		Signature/Date			Signature/Date
Comments or addition		provided with advis	sement fo	r new progra	ım: 🗌 Yes 🔲 No
_	d toward new program				