UNIVERSITY OF NEW HAVEN
UNDERGRADUATE DIVISION - ACADEMIC PROGRAM CHANGE REQUEST

DATE _____/_____/_____ STUDENT IDENTIFICATION # _____/____/_____

NAME _____
LAST FIRST M.I.

ADDRESS _____

_____ TELEPHONE _____

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International students must have an authorized signature from the Foreign Student Advisor. Before you will be allowed to register in a new degree program, you must have permission from the Immigration and Naturalization Service (INS). To initiate this process you must make an appointment with the Foreign Student Advisor in the International Services Office.

Approved/Disapproved _____ _____/_____/_____
Foreign Student Advisor Signature Date

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TRANSFERRING FROM (check one): _____A.S. _____ B.A. _____B.S.

** CURRENT WORKSHEET ATTACHED _____
Program Name

_____ _____/_____/_____
Department Authorization/Chairperson Signature Date

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TRANSFERRING TO (check one): _____A.S. _____B.A. _____B.S.

** CURRENT WORKSHEET OF NEW PROGRAM
MUST BE COMPLETED AND SUBMITTED WITH
THIS FORM

_____
Program Name

_____ _____/_____/_____
Department Authorization/Chairperson Signature Date

** THE DEPARTMENT MUST ASSIGN AN ADVISOR. _____
THIS IS MANDATORY. Advisor Name

Remarks/Conditions:_____
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_____
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_____