



Charles R. Drew University of Medicine and Science • Office of Registration & Records
1731 East 120th Street, Los Angeles, CA 90059 • Phone: (323) 563-4838

CHANGE OF PROGRAM FORM

This form must be authorized by the student's *Program Director, Department Chair*, or their *Student Affairs Director (CON)*. Students who register for courses outside of their approved program are not guaranteed credit toward their graduation requirements.

Last Name: _____ First: _____ Student ID: 0000-_____

DOB: _____ Email: _____ Telephone: _____

Current Program (change from)

College: _____

Degree/Cert., Major & Concentration: _____

Program Director: _____

Advisor: _____

Requested Program (change to) and Semester:

Semester: _____ Year: 20_____

College: _____

Degree/Cert., Major & Concentration: _____

Program Director: _____

Advisor: _____

I hereby request the above change(s) in curriculum. I understand I will be subject to all requirements and enrollment restrictions of the college/or department in which the proposed new program is located, that my graduation may be delayed as a result of changing curriculum, and I may become ineligible for credit hours which cannot be used toward the new degree plan.

Student Signature: _____ Date: _____

Program Director/MMDSON Dir. Of Student Affairs:

☐ **Approved:** _____ ☐ **Denied:** _____
Signature Date Signature Date

Comments: _____

Updated in PC:

Office of Registration and Records Signature: _____ Date: _____