

# UNIVERSITY OF NEW HAMPSHIRE CHANGE OF PROGRAM FORM

**INSTRUCTIONS TO STUDENT:** This application requires signatures where necessary. In order, of the current advisor(s), the current college dean(s), the new advisor(s), and lastly, the new college dean(s). If you are applying for a second major or a dual degree, you must have the signatures of **both** of your advisors in **both** departments. If the second major or dual degree program is across college lines, the dean in **both** colleges must approve and the new dean is the approving member. you should pick up your records from your current advisor(s) and personally deliver them to your new advisor.

<input style="width: 100%; height: 15px;" type="text"/> SOCIAL SECURITY NUMBER	<input style="width: 100%; height: 15px;" type="text"/> LAST NAME	<input style="width: 100%; height: 15px;" type="text"/> FIRST NAME	<input style="width: 100%; height: 15px;" type="text"/> INITIAL
<input style="width: 100%; height: 15px;" type="text"/> SEMESTER AND YEAR ADMITTED TO UNH	<input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> FR SO JR SR	<input style="width: 100%; height: 15px;" type="text"/> EXPECTED GRADUATION DATE	<input style="width: 100%; height: 15px;" type="text"/> TELEPHONE NUMBER
<input style="width: 100%; height: 15px;" type="text"/> LOCAL ADDRESS		<input style="width: 100%; height: 15px;" type="text"/> E-MAIL ADDRESS	<input style="width: 100%; height: 15px;" type="text"/> STATE OF LEGAL RESIDENCE

**CHANGE OF PROGRAM REQUEST:**

**CHANGING FROM:**

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
CURRENT MAJOR(S)	OPTION (IF ANY)

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
COLLEGE	DEGREE	NEW ENGLAND REGIONAL (Y/N)

**CHANGING TO:**

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
NEW MAJOR	OPTION (IF ANY)

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
COLLEGE	DEGREE	NEW ENGLAND REGIONAL (Y/N)

**DOUBLE MAJORS:**

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
FIRST MAJOR/OPTION	COLLEGE	DEGREE

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
SECOND MAJOR/OPTION	COLLEGE	DEGREE

**DUAL DEGREES\*:**

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
FIRST MAJOR/OPTION	COLLEGE	NEW ENGLAND REGIONAL (Y/N)

<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	
SECOND MAJOR/OPTION	COLLEGE	

\*I am aware that I must complete at least 160 credit hours in order to receive dual degrees.  
 \*\*Second major or dual degree candidates fill out petition on back of form.

**I elect to receive a \_\_\_\_\_ degree.**

\_\_\_\_\_ **STUDENT SIGNATURE** \_\_\_\_\_ **DATE**

**INSTRUCTIONS TO DEAN'S OFFICE:** Upon approval, the current advisor's records together with this form should be carried by the student to the new advisor. The student's college records should be transmitted to the new dean(s) by campus mail. The new college dean should forward this form when completed to Karen Pay in the Registrar's Office. In the case of a second major or dual degree program, a copy of the completed form should be sent to the original college dean's office to confirm that the action has been completed. Advisor's records should be given to student to accompany form.

\_\_\_\_\_  
 Current Advisor(s) Signature/Date Approved

\_\_\_\_\_  
 Current Dean(s) Signature/Date Approved

\_\_\_\_\_  
 New Advisor(s) Signature/Date Approved

\_\_\_\_\_  
 New Dean(s) Signature/Date Approved

\_\_\_\_\_  
 Effective Semester of Change of Program

\_\_\_\_\_  
 New Advisor(s) Name-Please Print  
**NOTE:** This is required for entry into BANNER system

**For Registrar's Office Use Only**

Program \_\_\_\_\_

Code \_\_\_\_\_

SFAREGS \_\_\_\_\_

SHADEGR \_\_\_\_\_

SGAADVR \_\_\_\_\_

GLAEXTR \_\_\_\_\_

Date \_\_\_\_\_

Entered By \_\_\_\_\_

Rev. 3/06

