

PROGRAM and/or LOCATION CHANGE REQUEST FORM

Must be submitted by mid-term for subsequent term. Send to registrar@usa.edu

NOTE: STUDENT'S FAILURE TO RESPOND TO REQUESTS FOR INFORMATION WITHIN 1 WEEK WILL RESULT IN REQUEST DENIAL

Name _____ Current Program _____ Proposed Program _____	Student ID# _____ Current Campus _____ Proposed Campus _____
Reason for Request -Choose One: UP (personal) UF (financial) UM (medical)	
Email _____@usa.edu	
Signature _____	Date _____
Registrar GE Sent Date NA By: NA	
Admissions Does student meet requirements for new program? YES NO	
Missing Documents: _____	
Date contacted for documents _____	
Signature _____	Date _____
Financial Aid (Bursar if Self-pay) Student counseled on costs/FA YES NO	
Signature _____	Date _____
If not counseled, dated student contacted:	
Clinical Education (Notification for placement purposes - PT, OT, SLP, NURSING)	
Signature _____	Date _____
Current Program Director Approved? YES NO	
Signature _____	Date _____
Proposed Program Director Approved? YES NO EXPECTED GRAD YEAR/TERM _____	
Signature _____	Date _____
Registrar GE Acknowledgement Received Date NA	
Student Notified by _____ Date _____	
Notification sent to: Admissions, Clin Ed, Financial Aid, Bursar, Student Success Advisor, Program Director(s)	
Date _____	By: _____
Re-entry date _____	Grad date _____