

SPECIALTY TRACK CHANGE REQUEST FORM

Must be submitted by mid-term for following 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 _____	Student ID# _____
Current Program/Specialty _____	
Proposed Program/Specialty _____	
Reason for Request _____	
Signature _____	Date _____

Registrar	GE Sent Date	NA	By:	NA
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Admissions Does student meet requirements for new specialty track?	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, date student contacted: _____		

Clinical Education	(Notification for placement purposes NURSING ONLY)	
Signature _____	Date _____	

Program Director	Approved?	YES	NO
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:	_____