APPLICATION FOR CHANGE OF PROGRAM

SAINT MARY'S COLLEGE of CALIFORNIA
KALMANOVITZ SCHOOL OF EDUCATION

Name: _____ **Student ID Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

PLEASE CHECK ONE

I Request: ☐ **Change of program**
☐ **Dual program enrollment**

My current program: ☐ **Has been completed** ☐ **Has not been completed**

My current program is: _____

I wish to: ☐ **Add** ☐ **Change to:** _____

This change is requested for the: _____ _____ **term.**
Semester **Year**

Student's Signature: _____ **Date:** _____

TO BE COMPLETED BY CURRENT PROGRAM DIRECTOR

☐ **Student has completed program** ☐ **I approve dual program enrollment**

☐ **I approve change of program** ☐ **I do not approve this change**

Director's Name: _____

Director's Signature: _____ **Date:** _____

TO BE COMPLETED BY NEW PROGRAM DIRECTOR

☐ **Admission denied** ☐ **I approve dual Program enrollment**

☐ **Student admitted without conditions** ☐ **Student admitted with conditions:**

If enrolling with conditions, specify: _____

_____

Director's Name: _____

Director's Signature: _____ **Date:** _____