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: Multiple Subject Credential

I wish to: ☑ **Add** ☐ **Change to:** Master of Arts in Teaching

This change is requested for the: Spring _____ (Semester) 2012 _____ (Year) **term.**

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:** _____