# 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: _____**

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**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: _____**

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**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: _____**

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**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: _____**