

**PROFESSIONAL & GRADUATE STUDIES
 REQUEST FOR PROGRAM CHANGE**

INSTRUCTIONS

This form should be completed by students who are currently enrolled or inactive (an inactive student is one who has been enrolled within the past 12 months and did not terminate enrollment by withdrawing) in the degree completion program of Cornerstone University who desire to change to a new cohort. There is no fee for this application since the student has already completed a full application and paid the application fee. Upon completion of this form, signed by the student, the student's transcripts will be evaluated for the new cohort as requested by the student. Once the transcripts are evaluated, an admission status for the new cohort will be assigned, and the student will be notified by mail.

Student Name: _____ Student I.D. #: _____ Date: _____

Address: _____ () - _____
Street City State Zip Day-time phone number

Are you a U.S. Veteran? Yes No Are you receiving VA benefits? Yes No

CURRENT COHORT INFORMATION

Please indicate when you plan to end your enrollment with your current cohort or your last enrollment information (if inactive).

Last Date of Attendance: _____ In Cohort Group: _____ Last Course - Course # _____

NEW COHORT INFORMATION

Please indicate when you intend to enroll with a new cohort and/or program.

First Date of Attendance: _____ In Cohort Group: _____ First Course - Course # _____

ADDITIONAL INFORMATION

Please indicate why you are requesting this change of program. _____

Please confirm your degree goal:

AS BS - Bus. Admin. BS - Mngt. BS - Mngt./Min. Lead. CHANGE? Y N

Please list any other colleges that you have attended since you enrolled in the Cornerstone University Professional & Graduate Studies Degree Completion Program. Official transcript(s) should accompany this form to ensure an accurate update of your transfer credit evaluation.

College(s): _____
Name / Dates Attended Name / Dates Attended

By signing below, I affirm that the above information is correct to the best of my knowledge. I also understand that a program change may affect my financial aid and that I am responsible to contact the financial aid office with any questions.

Student Signature: _____ Date: _____

Original: Asst. Dir. of Student Services **cc:** Registrar ♦ Marketing Support (if appl.)

PROGRAM CHANGE APPROVAL/NOTICE

Admission Status: FULL PRVB (Bachelor seeking using Step I/II) PROBation (Low GPA)
 CONDitional (currently enrolled in courses to meet credit requirement of new program)
 PROVisional (does not meet credit requirement for new program)

Director of Student Services Signature: _____ Date: _____

Comments: _____

Original: Registrar **cc:** Student File ♦ Program Accountant ♦ Financial Aid ♦ Faculty Member ♦ Curriculum Services Coordinator ♦ VA Rep (if appl.)