

Pre-matric (Enrolled) Program/Plan Change

(Incomplete forms will be returned)



iSIS Effective Date:(check and add year) 1/1 _____ 5/1 _____ 8/1 _____ Today's Date: ____/____/____

iSIS ID _____ WID _____

NAME: _____
Last First MI

Change from:

_____ Program _____ Plan _____ Sub-Plan _____ Deg Code _____ Req Term _____ Class

Change to: _____
Academic Dean Signature/Initials

_____ Program _____ Plan _____ Sub-Plan _____ Deg Code _____ Req Term _____ Print Advisor Name

COMMENTS:

Original – Registrar's Office
First Copy – Original College
Second Copy – New College

Sample:

Do Not Use!