

THOMAS COLLEGE  
OFFICE OF THE REGISTRAR

**CHANGE OF PROGRAM**

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

I would like to change my program of study from

\_\_\_\_\_ to \_\_\_\_\_

Current adviser \_\_\_\_\_

New adviser \_\_\_\_\_

**My signature below attests that I am aware that changing my program may require me to enroll for additional semesters of classes beyond those specified by my original program in order to complete the degree requirements for my new program, and furthermore that I may not be able to transfer all credits earned at Thomas College from one program to another.**

Students who have completed at least one semester in an associate's degree program, and are in good academic standing with a cumulative GPA of 2.0 or higher, may change to a four-year program. Students who have completed at least one semester in an four-year degree program, and are in good academic standing with a cumulative GPA of 3.0 or higher, may change to a five-year program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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For office use only:

Eligible to change program:  Yes  No Appeal Required \_\_\_\_\_

Program changed \_\_\_\_\_

Do all previous courses apply?  Yes  No

Do any course retakes need to be recoded?  Yes  No

Advisor changed:  Yes  No

By \_\_\_\_\_

Date \_\_\_\_\_