

# Change of degree program

Date \_\_\_\_\_ Erikson ID \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle initial

As of \_\_\_\_\_, I am changing my program as indicated below. I understand that  
 Date  
 financial aid awards, both disbursed and undisbursed, may be affected by a change in program.

## Current enrollment status

**Master of Science in Child Development**

Specialization \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Science in Early Childhood Education leading to initial teacher licensure**

Specialization \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Science in Early Childhood Education**

Specialization N/A Program length **28 months**

**Master of Social Work**

7cbWbUjcb Program length \_\_\_\_\_

## New enrollment status

**Master of Science in Child Development**

Specialization \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Science in Early Childhood Education leading to initial teacher licensure**

Specialization \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Science in Early Childhood Education**

Specialization N/A Program length **28 months**

**Master of Social Work**

7cbWbUjcb Program length \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Adviser's signature \_\_\_\_\_ Date \_\_\_\_\_

### For Registration and Student Records Office use only

Received \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Copy to billing \_\_\_\_\_ Date \_\_\_\_\_ Copy to FA \_\_\_\_\_ Date \_\_\_\_\_