

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

Concentration _____ Program length _____

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

Concentration _____ Program length _____

Master of Science in Early Childhood Education

Concentration _____ Program length _____

Master of Social Work

Concentration _____ Program length _____

New enrollment status

Master of Science in Child Development

Concentration _____ Program length _____

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

Concentration _____ Program length _____

Master of Science in Early Childhood Education

Concentration _____ Program length _____

Master of Social Work

Concentration _____ Program length _____

Student's signature _____ Date _____

Current Adviser's signature _____ Date _____

Future Program 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 _____