

### 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 \_\_\_\_\_

**Certificate Program**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Science in Early Childhood Education Online or Triple Endorsement Program**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Social Work**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

#### New enrollment status

**Master of Science in Child Development**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

**Certificate Program**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Science in Early Childhood Education Online or Triple Endorsement Program)**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

**Master of Social Work**

Concentration \_\_\_\_\_ Program length \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Future Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Registration and Student Records Office use only

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