Heritage

PROGRAM CHANGE REQUEST FORM

It is recommended that you discuss your program change with your current Faculty Advisor and your potential new Faculty Advisor *before* filling out this form. If you receive financial aid (OSAP, etc), please first discuss with Kirsha kfitzgerald@heritagecs.edu Please select your desired term for your program change below. Submit this form to the Registrar's Office.

☐ *I realize that by changing programs some credits may not be transferable. This may also cause scheduling problems. I recognize that my graduation may be delayed if the courses I want are not offered at the exact times I need them.*

Section One: to be completed by the student *required fields			
*Name:			
*E-mail:			
*Student Number:		**Phone Number:**	
*Current Program:		***Current GPA:**	
*Desired New Program:			
*Requested Term of Program Change:	☐ Fall ☐ Winter ☐ Spring		
*Are you currently receiving financial aid?	☐ Yes ☐ No		
*State Reason for Change: (*Please indicate if you are requesting to change your program mid-term due to extraordinary circumstances.*)	 OR ☐ to Graduate by: _____		
*Do you plan to graduate with the current program?	☐ Yes, **you must submit an Application to Graduate form by the published deadline.** ☐ No		

Section Two: office use only		
$25 Fee applied to account:		☐ Waived
Approved Term of Program Change:	☐ Fall ☐ Winter ☐ Spring	
☐ *I will not hold Heritage College & Seminary responsible for any scheduling conflicts created by this change. My signature below signifies my agreement with this:*		

			Date:	
Student Signature:			**Date:**	
Registrar's Signature:			**Date:**	
Faculty Advisor Signatures:	**Former Faculty Advisor Signature**		**New Faculty Advisor Signature**	