

Change of Program Form

Return to: Admissions, Enrollment Services Center, Frye Building, 92 Western Avenue, Fairfield, Maine 04937

Student Name: _____		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Birth Date: _____	Year & Term (Semester) of Change: _____	
Mailing Address: _____		
<i>Street/Apartment Number/PO Box</i>		

<i>City</i>	<i>State</i>	<i>Zip Code</i>
Home Phone: _____	Cell Phone: _____	
Current Program: _____		
New Program: _____		
Reason for this requested change in program: _____		

We strongly encourage you to discuss the change of program with your academic advisor.

Student Signature

Date

_____ **Office Use Only** _____

Admission Approval:

• Request Approved: YES NO

• Admission Counselor Signature: _____ Date: _____

Cc: Financial Aid

Assigned Academic Advisor (Current program)

Program Coordinator (Current Program)