

CHANGE OF PROGRAM/MULTI-MAJOR REQUEST



A currently enrolled student may use this form to:

- request a **Change of Program** (i.e., to change from one program of study into a new program of study); *or*
- enroll in a **Multi-Major** (i.e., remain in their current program of study and enroll in a second major at the same time).

PLEASE PRINT – Complete all information requested below and submit to the Admissions Office.

NAME:	STUDENT ID: A								
CONTACT INFORMATION:									
Street or PO Box:		Primary Phone:							
City, State, Zip:		Student Email:							

<input type="checkbox"/> I request a CHANGE OF PROGRAM for the following semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____			
Current Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate	
Desired Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate	

<input type="checkbox"/> I request to enroll in a MULTI-MAJOR for the following semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____			
Current Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate	
Desired Second Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate	

PLEASE RE-EVALUATE TRANSFER CREDITS FOR MY NEW MAJOR

By signing below, I understand that:

1. Completing and submitting this request does not guarantee or imply acceptance into that program.
2. Courses previously taken at or transferred to NHTI may not transfer to my new program.
3. Requests for a change of program for the current semester that are submitted after the official add/drop period may take effect the next semester.
4. It is my responsibility to review any Specific Admission Requirements for my desired major and to submit all appropriate documents required for admission.
5. Financial aid eligibility and VA Education Benefits may change based on my new program and it is my responsibility to follow up with the appropriate office regarding how a change in enrollment status may impact my aid and/or benefits.

Student Signature: _____ **Date:** _____

Admissions Office	Registrar's Office
<input type="checkbox"/> Accept <input type="checkbox"/> Decline Residency: <input type="checkbox"/> NH <input type="checkbox"/> NERSP <input type="checkbox"/> Out of State Comments: _____ Signature: _____ Date: _____ Date Posted SAAADMS: _____ SHATRNS: _____	Distribution: <input type="checkbox"/> Current Department Head <input type="checkbox"/> New Department Head Signature: _____ Date Posted SGASTDN: _____