

## **Change of Program/Curriculum**

Name:	Manor ID # <u>A00000</u>			
Manor Email:	Contact Number:		Effective Term:	
Allied Health Division	Arts & Sciences Division:	Business & Technology Division:	Education & Professional Studies Division:	
Associate Degree:  Dental Hygiene EFDA Veterinary Technology	Associate Degree:  Liberal Arts Paralegal Psychology Pre-Nursing Pre-Radiologic Science Pre-Science	<ul> <li>Associate Degree:</li> <li>Accounting</li> <li>Business     Administration</li> <li>Computer &amp;     Information Systems</li> <li>Computer Science</li> <li>Healthcare     Administration</li> <li>Management</li> <li>Marketing</li> <li>Sport &amp; Recreational     Mgt.</li> </ul>	<ul> <li>Associate Degree:</li> <li>Criminal Justice</li> <li>Early Childhood Education</li> </ul>	
	<ul> <li>Bachelor Degree:</li> <li>Health Services- Dental Hygiene</li> <li>Health Services- EFDA</li> <li>Health Services- Health Sciences</li> </ul>	<ul> <li>Bachelor Degree:</li> <li>Business Analytics</li> <li>Computer &amp; Information Systems</li> <li>General Management</li> <li>General Business Administration</li> <li>Health Care Management</li> <li>Sport Management</li> <li>Veterinary Practice Management</li> </ul>	Bachelor Degree:  Childcare Administration Child Development Criminal Justice Administration Juvenile Justice Public Policy Law Enforcement Liberal Studies- Child Development Entrepreneurship Pre-Law	
Current Program:		Desired Program:		
REASON:				
Student Signature:		Date:		
Current Advisor/Program	Director Signature:	New Advisor/Program Directo	or Signature:	
Bursar Notified:	Fir	nancial Aid Notified:		
Please complete this form, ob		ffice. All Change of Program requests must be m reflected on the Student Portal.	nade prior to add/drop. Students may see	

Transcripts Re-evaluated:\_\_\_\_\_\_ Degree Audit Assigned:\_\_\_\_\_ Processed / Scanned & Attached:\_\_\_\_