BROOKES BIBLE COLLEGE

10257 St. Charles Rock Road | St. Louis, Missouri | 63074 | 314-773-0083

CHANGE OF PROGRAM (DEGREE or MAJOR)

Today's Date: _____ ID #_____ Email _____

NAME (Mr./Dr./Rev./Mrs./Miss/Ms.) _____
(Last) (First) (MI)

Change Type

	I am changing from one major to another.
	I am adding a second major to my current degree program.
	I am dropping my current program to be undeclared.
	I am changing degree levels *without* graduation.*
	I am changing degree levels *after* graduation of my current program.*

Current Program:
New/Additional Program Declaration:
*This type of change request is in lieu of the traditional admissions process and thus involves admissions evaluation.
Expected graduation date (current program):

Acknowledgements:

	I acknowledge in connection with this change of program, I have received a Degree Program Tracker (DPT) authorized by the academic dean and am pursuing this change in agreement with that DPT.
	I acknowledge that my new program (degree or major) is subject to the policies, responsibilities, and requirements of the _____ academic catalog.

Signatures:

_____ _____
Student Signature Date

_____ _____
Academic Dean Signature Date

Office Only:

Change Processed	SIS	Date Completed