

Semester Change Request

Name: _____
Date of Birth: _____ **Student ID Number** _____
Email: _____ **Phone Number:** _____
I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.
Signature: _____ **Date:** _____

This form is for students who would like to start during an earlier semester than they originally applied for. If you would like to start during a later semester, your application is valid for three semesters. After the third semester, students must re-apply for admission.

PLEASE PRINT
Effective Semester Change:

From: _____ **To:** _____
(Semester) (Year) (Semester) (Year)

In order to change to an earlier semester, all required documents, including the admissions application, must be received by the application deadline for that semester.

Please note that the Semester Change Request form must be received prior to the start date of the semester or it will not be honored.