

M UNIVERSITY OF MICHIGAN-DEARBORN

CHANGE OF DEGREE PROGRAM, MAJOR, AND/OR MINOR PETITION FORM

A. TO BE COMPLETED BY STUDENT. Please print.

NAME: _____ UMID: _____
 ADDRESS _____ PHONE: _____
 _____ UNIQNAME: _____
 City State Zip

CURRENT DEGREE PROGRAM

CASL: BA BS BGS
 CECS: BSE BS
 CEHHS: BA BS BGS
 COB: BBA

DESIRED DEGREE PROGRAM

CASL: BA BS BGS
 CECS: BSE BS
 CEHHS: BA BS BGS
 COB: BBA

Currently registered at UM-Dearborn? Yes No Dual Degree? Yes No

CURRENT MAJOR(S) _____ DESIRED MAJOR(S) _____
 CURRENT MINOR(S) _____ DESIRED MINOR(S) _____

TEACHER CERTIFICATION: Elementary Secondary Teaching major: _____ Teaching minor: _____
 Delete Elementary Certification Have you taken the Professional Readiness Exam or Basic Skills Test? Yes No

Concentrations, language/professional track/focus areas:

(1) _____ (2) _____ (3) _____

I authorize the release of my academic records from my present College for the purpose of review and evaluation. I voluntarily withdraw from my present program if admitted to the new program.

Student's Signature _____ Date: _____

B. TO BE COMPLETED BY THE CURRENT COLLEGE.

Student's file sent to the College of New Program by _____ Date _____

C. TO BE COMPLETED BY COLLEGE OF NEW PROGRAM.

	<u>NOT APPROVED</u>	<u>APPROVED</u>	<u>MAJOR</u>	<u>MINOR</u>
CASL			_____	_____
CECS			_____	_____
CEHHS			_____	_____
COB			_____	_____

NOTE: Dual Degrees and Teacher Certification require approval from the two Colleges involved.

CURRENT GPA	ADVISOR

APPROVAL EFFECTIVE			
Term/Year	Degree Catalog Year	Major Catalog Year	Minor Catalog Year

COMMENTS _____

Signature of College Representative _____ Date _____ ES/R&R Signature _____ Date _____