



Application for Change of Program

Name: _____ BU ID: _____ Date: _____
Family/Last Given/First Middle/Other

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Current Graduate Program: _____ New Program Requested: _____

Current Program Semester Start: _____ New Program Semester Start: _____

Have you attended any other institution(s) since or concurrently with your enrollment at Bradley University? Yes No

If yes, name the institution(s): _____

(You are required to submit a transcript if you have attended other institutions since your acceptance to Bradley University.)

List the courses you have completed relevant to the program you are requesting, including university-level mathematics.

Course Number and Title	Where Studied (University)	Semester Completed	Credits

Please explain why you have decided to leave your current program of study.

Please describe your experience, background and career objectives in your new program study.

Student Signature: _____ Date: _____

New Program Coordinator Signature: _____ Date: _____

New College Dean Signature: _____ Date: _____

Return completed form to: Registrar's Office, Swords Hall, Room 11 or registrar@bradley.edu