

PROGRAM CHANGE REQUEST

POLICY: A student who wishes to transfer to a different degree program at the same degree level, and/or transfer to a different campus must be in good standing at the time of the request and upon enrollment in the new degree program and/or at the new campus. Degree completion requirements may vary by campus and program. Transferring campuses or degree programs may change a student's graduation date. A student may request to change their area of focus/study/concentration or declare minor under this policy. Refer to the Academic Policies and Procedures section in the TCSP Student Handbook for details.

NOTE: To change degree levels (e.g. master to doctorate) or to change to a degree program with specialized accreditation or approval, contact the Office of Admissions.

INSTRUCTIONS:

1. Complete the form below, obtain approvals from both the home campus/degree program and the desired campus/degree program.
2. Submit the completed form by the Add/Drop deadline to the Student Support Counselor as indicated below. The form will not be processed without all required signatures or if submitted after the Add/Drop deadline.

CHICAGO/TCSP@XULA 800.595.6938 (phone) 312.488.6301 (fax) Chistudentsupport@thechicagoschool.edu	ONLINE 800.595.6938 (phone) 312.254.1442 (fax) Onlinestudentsupport@thechicagoschool.edu	DALLAS 800.595.6938 (phone) 214.575.9090 (fax) dalstudentsupport@thechicagoschool.edu	SOUTHERN CALIFORNIA 800.595.6938 (phone) 213.615.7286 (fax) Castudentsupport@thechicagoschool.edu	WASHINGTON, D.C. 800.595.6938 (phone) 202.706.5199 (fax) Dcstudentsupport@thechicagoschool.edu
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STUDENT NAME _____ STUDENT ID# _____

TCSP E-MAIL _____ PHONE# _____ DATE OF REQUEST _____

DESIRED CAMPUS _____ DEGREE LEVEL _____ DESIRED PROGRAM/CONCENTRATION/MINOR _____

HOME CAMPUS _____ DEGREE LEVEL _____ HOME PROGRAM/CONCENTRATION/MINOR _____

EXPECTED TERM/SEMESTER OF CHANGE: _____ EXPECTED DATE OF GRADUATION: _____

CHECK ALL THAT APPLY: CAMPUS TRANSFER PROGRAM TRANSFER AREA OF FOCUS/STUDY OR CONCENTRATION CHANGE

DECLARE MINOR

REASON FOR CHANGE/TRANSFER:

Academic: Career Choice or Interest Financial Personal/Family Health/Medical Other: specify _____

ARE YOU AN INTERNATIONAL STUDENT? No Yes (If yes, contact your Designated School Official (DSO).)

ARE YOU TRANSFERING TO THE WASHINGTON, D.C. CAMPUS? No Yes If yes, are you under the age of 26? No Yes

STUDENT SIGNATURE: _____ DATE: _____

APPROVED DENIED

DSO SIGNATURE: _____ DATE: _____
(for International Student Only)

SAP STATUS: SAP Met Academic & FA Warning Academic & FA Probation

NEW EXPECTED DATE OF GRADUATION: _____

APPROVED DENIED

HOME PROGRAM/CAMPUS _____ DATE: _____

DEPARTMENT CHAIR/DESIGNEE SIGNATURE: _____

COMMENT: _____

APPROVED DENIED

DESIRED PROGRAM/CAMPUS _____ DATE: _____

DEPARTMENT CHAIR/DESIGNEE SIGNATURE: _____

COMMENT: _____

FOR OFFICE USE ONLY		
Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied Registrar Signature: _____	Transfer/Change in CVue Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Financial Aid: <input type="checkbox"/> Approved <input type="checkbox"/> Denied:	Notification to ISA (DSO): <input type="checkbox"/> Approved <input type="checkbox"/> Denied:	Student Account: <input type="checkbox"/> Approved <input type="checkbox"/> Denied:
TCSP Transcript Attached: _____	Date Student Notified: _____	