

ENROLLMENT CHANGE REQUEST FORM

PURPOSE: A student requesting to change or declare their area of focus/study, concentration, track, minor, or specialization also fall under this policy and should use this form. Refer to the Academic Policies and Procedures section in **The Chicago School** Student Handbook for details. 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.
- 3. Program and Campus Transfers must be submitted by the Add/Drop deadline and require a student to be in good Academic & FA Standing.
- 4. Changes and Declarations to the Area of Focus/Study, Track, Concentration, Minor, or Specialization will be processed when received.

Please complete this form in its entirety (above the "For Office Use Only" line), sign and date, and return to your Student Support Counselor via email or fax: **EMAIL**: studentsupport@thechicagoschool.edu | **PHONE**: 800.595.6938 (Opt. 1) | **FAX**: 312.254.1442

STUDENT NAME	STUDENT ID#			
SCHOOL E-MAIL	F			
	DEGREE LEVEL		ENTRATION/MINOR	
HOME CAMPUS	DEGREE LEVEL	HOME PROGRAM/CONCEN	TRATION/MINOR	
EXPECTED TERM/SEMESTER	PECTED TERM/SEMESTER OF CHANGE: EXPECTED DATE OF GRADUATION:			
CHECK ALL THAT APPLY:	☐ CAMPUS TRANSFER ☐ PROGRAM T	RANSFER		
GRADUATE: CHANGE AR	EA OF FOCUS/STUDY, TRACK, OR CONCEN	TRATION DECLARE AR	EA OF FOCUS/STUDY, TRACK, OR CONCENTRATION	
UNDERGRADUATE: CHA	ANGE MINOR OR SPECIALIZATION DEC	CLARE MINOR OR SPECIALIZ	ATION	
ARE YOU AN INTERNATION	NAL STUDENT? No Yes (If yes, c	contact your Designated Scho	ool Official (DSO).	
ARE YOU A MILITARY STU	DENT? No Yes (If yes, contact the	e VA Certifying Official).		
ARE YOU TRANSFERING TO	O THE WASHINGTON, D.C. CAMPUS?	☐ No ☐ Yes It yes, are you	u under the age of 26? 🔲 No 🔲 Yes	
STUDENT SIGNATURE:			DATE:	
☐ APPROVED ☐ DENIED	DSO SIGNATURE: (for International Student Only)		DATE:	
SAP STATUS: SAP Met	Academic & FA Warning	robation NEW EXPECT	TED DATE OF GRADUATION:	
☐ APPROVED ☐ DENIED	HOME PROGRAM/CAMPUS DEPARTMENT CHAIR/DESIGNEE SIGNAT	TURE:	DATE:	
COMMENT:		Student on ADP?	□ No □ Yes	
	L BACKGROUND CHECK (IF APPLICABLE): ewed: Denied ☐ Not Applicable ☐ Updated (Criminal Background Check Re	quired (over 365 days)	
☐ APPROVED ☐ DENIED	DESIRED PROGRAM/CAMPUS DEPARTMENT CHAIR/DESIGNEE SIGNAT	TURF:	DATE:	
COMMENT:				
	FOR OI	FFICE USE ONLY		
Request Approved Denied Registrar Signature:		Transfer/Change in	CVue Completed: Yes No Date:	
Financial Aid:	Notification to ISA (DSO):		Student Account:	
Approved Denied:	Approved Denied:		Approved Denied:	
TCS Transcript Attached	Date Student Notified:			