Student Name		
Student Email	Student ID Number	
Have you applied for graduation? _	Yes No	
Term: Fall 20	Spring 20	Summer 20
CHANGE REQUESTED:	Change Program	Change Catalog Year
NEW Program: Program Name		Catalog Year
Current Program: Program Name		Catalog Year
Please note:		
 catalog and program. Students with transfer credits for credits by completing a Requestive https://www.csmd.edu/students CSM recommends students with the commends of the commends	er one catalog and program lete a course substitution for the course substitution must for Transcript Evaluation services/transfer-services/transfer-services/transfer-services/to wish to change their program the impact your new education to have the change of pathat their SEVIS record is allations. elective programs of study d CSM for a minimum of the course of t	n do not transfer to the new form with an advisor for the new ast request a reevaluation of in Form available at fincoming/index.html gram of study speak with the truent, international advisor (if tional goals may have. program form signed by their updated and their I-20 remains do not complete this form.
SIGNATURES		
Advisor Required:		Date:
Student Required:		Date:
International Advisor:		Date: