

PETITION FOR APPROVAL TO CHANGE PROGRAM*

Name _____
Please Print

I hereby petition for approval of change of program/concentration
from _____ to _____
program/concentration program/concentration

Reasons:

Student's Signature _____ Date _____

Springfield College Box No. _____ Telephone # _____

Address _____

Recommended by:
Current Major Advisor _____ Date _____

Current Program Director/Dept. Chair _____ Date _____

Recommended by:
New Major Advisor _____ Date _____

New Program Director/Dept. Chair _____ Date _____

Associate Vice President,
Graduate Education and Research _____ Date _____

* This petition will NOT be acted upon unless transcripts of all undergraduate and graduate work are attached.