



University of Detroit Mercy
Change or Correction of Program or Advisor

Effective Semester and Year: **Fall (10)** _____ **Winter (20)** _____ **Summer (30)** _____ **Year 20** _____

This change impacts an existing graduation application _____

Student ID: T0 _____ Name: _____
Last First Middle Initial

Primary Degree or Certificate: *Include all program information that should be active. Mark "New" for changes.*

New?

<input type="checkbox"/>	Major 1: _____	Program:	<input type="text"/>
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Minor 1: _____	Code:	<input type="text"/>
<input type="checkbox"/>	Minor 2: _____	Code:	<input type="text"/>
<input type="checkbox"/>	Major 2: _____	Code:	<input type="text"/>
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)

Second Degree or Certificate: *Include all program information that should be active. Mark "New" for changes.*

New?

<input type="checkbox"/>	Major 1: _____	Program:	<input type="text"/>
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Major 2: _____	Code:	<input type="text"/>
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/> (ATTACHED TO MAJOR ONLY)

Student Attributes: **Pre-Dental** _____ **Pre-Law** _____ **Pre-Medical** _____ **Pre-PA** _____

Additional notes:

Advisor Change:

Name: _____ ID: _____ Type: _____

Name: _____ ID: _____ Type: _____

Primary College/School Approval Signature: _____ **Date:** _____

Secondary College/School Approval Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

By signing this form, I agree that it is my responsibility to review the financial implications, time to degree completion, and potential financial aid impact of this change to my program.

Office Use Only
