

Change of Program Form

Students: Begin this process with your Academic Advisor/Designee. Your change in Program of Study will be effective the following semester.

Student Name: _____

Effective Semester: _____

SUNY Broome ID#: _____

Current Program of Study

Division: _____

Program (Major/Certificate): _____

New Program of Study

Division: _____

Program (Major/Certificate): _____

Student Checklist (It is the student's responsibility to follow up with the following offices):

- ☐ 1. I have met with my Academic Advisor/Designee regarding the requirements of my new program, the impact of my change of program on my academic progress, and possible differences in my transfer credit.
- ☐ 2. I understand that my change of program may lengthen the time it takes me to graduate.
- ☐ 3. I understand that my change of program may have academic implications, such as raising or lowering my program GPA or previously completed courses not applying to my new program.
- ☐ 4. I understand that my change of program may have a financial impact and will follow up with the Financial Aid Office (SS 111) regarding loans, scholarships, grants, and TAP; and Veteran's Services (SS 102) regarding Veterans Benefits; and Student Accounts (SS 113) regarding any changes in tuition or monies owed.

5. Other: _____

Conditions: _____

Both signatures are required before this form can be processed.

Student

Date

Academic Advisor/Designee

Date

Processed: _____