

New York Medical College
Office of the University Registrar
GSBMS/SHSP

Program/Plan Change

Student: _____ ID#: _____

The above named student has changed her/his Program (field of study) and/or Plan (degree) as follows:

[Please complete all information requested below.]

Old Program: _____ Old Plan: _____ on-campus on-line
(Field of Study) (Degree)

New Program: _____ New Plan: _____ on-campus on-line
(Field of Study) (Degree)

Effective for: Fall _____ Spring _____ Summer _____
(Term and Year when this student entered the new Program/Plan.)

Requirement Term: _____
Leave blank if no change
(The term and year of the Catalog applicable to this student.)

[Attach the student's request for this change.]

Former (Old) Program Director's Signature Date

Receiving (New) Program Director's Signature Date

Accept Reject

Dean's Signature Date

Office Use Only:

Processed by: _____ Date: _____