



Request to Change Degree or Major

Office of Registration and Records
The Christ College of Nursing and Health Sciences
2139 Auburn Avenue, Cincinnati, OH 45219
Phone (513)585-0365 • Fax (513)-585-3448 • Room 130

Term: (check one) Fall Spring Summer Year: 20____

Student ID No. or SSN (last four): Phone: _____

Name: _____
Last (print) First (print) Middle (print)

Current Major/Degree: A.A.S in Nursing A.S. in General Studies
 B.S. in Nursing B.S. in Healthcare Administration

New Major/Degree applying for: A.S. in General Studies
 B.S. in Nursing B.S. in Healthcare Administration

Current GPA: _____ # of Credit Hours Completed in New major: _____

Reason for Change: _____

Procedure:

- 1) Student will complete top portion of this Form, and submit Form to their Academic Advisor. Student will set up appointment to meet with their Academic Advisor to discuss change of Major/ Degree. The Advisor will notify the Registrar of the request and obtain their signature.
 - 2) Advisor will send Request Form to the Associate Dean of the major for which the student is applying.
 - 3) Associate Dean will sign Form, and notify the student and the student's Academic Advisor of the decision within ten business days. Associate Dean will send Form to the Registration and Records Office.
- (Failure to properly complete this form and follow procedure will extend the date of processing and may result in not being able to register on time, less tuition refund or the student having to repay a portion of the financial aid award.)

Student's Signature: _____ Date: _____

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Office Use Only

Signature needed after reviewing student's request from the following:

Academic Advisor: _____ Date: _____

Office or Registration and Records: _____ Date: _____

Associate Dean: _____ Date: _____

Change of Major/Degree (Check): _____ Approved _____ Denied

Email Notification sent to: Student, Advisor, Associate Dean, IT System Administrator, and Registrar

Return Form to Registrar's Office to be placed in student file