Cambridge College

Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129
Phone: 617.873.0101
Fax: 617.242.0026
registrar@cambridgecollege.edu

Request for

Change of Academic Program

Student ID#_____

Your Cambridge College Location
☐ Boston   ☐ Puerto Rico
☐ Lawrence   ☐ Southern California
☐ Springfield   ☐ NEIB
                  ☐ Other_____

Student contact information   PLEASE PRINT CLEARLY and COMPLETE ALL ITEMS

Last name _____   First name _____   Middle name _____

Current Residence:
Address _____ Apt _____   Phone (_____) _____

City _____ State _____ Zip _____

Cambridge College e-mail _____

1. Your degree program/major

NEW

_____

Current

_____

☐ Same program: please update advising institutional requirement year to current
   academic catalog

ESE Licensure

MEPID no. _____

Licensure? ☐ Yes ☐ No
Level _____

Licensure? ☐ Yes ☐ No
Level _____

Dates

**Effective date
of change** (mm/dd/yy): _____

☐ Fall   ☐ Spring   ☐ Summer   Year _____

New Program: Expected graduation date:

☐ January   ☐ June   ☐ August   Year _____

2. Fill in course plan on next page with your new academic advisor

3. Get all signatures below or attach printouts of emails indicating program change approval.

The Registrar's Office cannot accept forms without all signatures.

Program Chair
of **NEW** program _____   Date _____

Academic Dean
of **NEW** program _____   Date _____

Program Chair
of **current** program _____   Date _____

Academic Dean
of **current** program _____   Date _____

4. By signing, I acknowledge that:

- I must meet the requirements of my new program current at the time of this program change (see current academic catalog).

- I have reviewed this program change with my academic advisor/seminar leader and the receiving program chair
  and discussed the academic, program cost, financial aid, and transfer credit implications.

Student Signature
on paper printout or electronic*_____

Date _____

Please see electronic signature options on the Registrar's web page.

After completing form submit it to:

Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129

Or email to: registrar@cambridgecollege.edu
Or fax to: 617.242.0026

Continued ➤

rev. 4/15/20

New Program Course Plan   *Fill in With Your New Academic Advisor*

Course Number	Successfully completed courses that will count towards new program	Credits	Comments

Course Number	**See CURRENT Academic Catalog program chart** Courses needed for new program, yet to be completed	Credits	Comments

Comments