

# Change of Program

## Important Steps:

- Students may apply for a Change of Program no more than once each academic year.
- The deadline to submit a Change of Program is the Friday before the start of the semester.
- Requests must include a signature from an advisor/director and Student Financial Services Counselor.
- Program costs may differ. To learn more and obtain the required signature, you must meet with Student Financial Services.
- When applying to change your program, you will automatically be removed from classes in future terms for your old program and will need to submit a Registration Form for the new program. A change in program will take effect in the FOLLOWING/FUTURE term.
- Please complete all sections of this form and print clearly.

## Submit:

*In person:*

Enrollment Center  
Sverdrup Hall 101

*By mail:*

Augsburg University, CB 71  
Registrar's Office  
2211 Riverside Avenue  
Minneapolis, MN 55454

*By email or fax:*

[registrar@augsborg.edu](mailto:registrar@augsborg.edu)

Fax: 612-330-1425

Phone: 612-330-1036

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
*Last, First, Middle Initial*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_@augsborg.edu

## Program:

\_\_\_\_ DAY to (AU) Adult Undergraduate

\_\_\_\_ (AU) Adult Undergraduate to DAY

\_\_\_\_ Location Change for Adult Undergraduate  
\_\_\_\_ Minneapolis (AU) \_\_\_\_ Rochester (ROCH)

\_\_\_\_ DNP to MAN

\_\_\_\_ MAN to DNP (*Previous DNP admittance required*)

**Academic Year:** 20 \_\_\_\_ - 20 \_\_\_\_

**Effective Term:** \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer

## Major/Minor:

*\*Your request **will be denied** if you are requesting to readmit to a major not offered in the Adult Undergraduate Program. Visit [www.augsburg.edu/academics/majors](http://www.augsburg.edu/academics/majors) for majors by program.*

Major 1: \_\_\_\_\_

Major 2: \_\_\_\_\_

Minor 1: \_\_\_\_\_

Minor 2: \_\_\_\_\_

## Reason for Request (required):

\_\_\_\_\_  
*Student Signature (Required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advisor/Director Name and Signature (Required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Financial Services Name and Signature (Required)*

\_\_\_\_\_  
*Date*

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Academic Status: \_\_\_\_\_

Action: Approved Denied

\_\_\_\_\_ to \_\_\_\_\_  
*Old New Term/Year Classification*

Data Entry: \_\_\_\_\_ Notification: \_\_\_\_\_