



University of Detroit Mercy
Change or Correction of Program or Advisor

Effective Semester and Year: Fall (10) _____ Winter (20) _____ Summer (30) _____ Year 20 _____

This change impacts an existing graduation application _____

Student ID: T0 _____ Name: _____
Last First Middle Initial

Primary Degree or Certificate: Include all program i Q I R U P D W L R Q W K D W V K R X O G E H D F W L Y H 0

New?

<input type="checkbox"/>	Major 1: _____	Program: <input type="text"/>
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Minor 1: _____	Code: <input type="text"/>
<input type="checkbox"/>	Minor 2: _____	Code: <input type="text"/>
<input type="checkbox"/>	Major 2: _____	Code: <input type="text"/>
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)

Second Degree or Certificate: Include all S U R J U D P L Q I R U P D W L R Q W K D W V K R X O G E H D F W L Y H 0

New?

<input type="checkbox"/>	Major 1: _____	Program: _____
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code: <input type="text"/> (ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Major 2: _____	Code: _____
<input type="checkbox"/>	Concentration: _____	Code: _____ (ATTACHED TO MAJOR ONLY)

Student Attributes: Pre -Dental _____ Pre-Law _____ Pre-Medical _____ Pre-PA _____

Additional notes:

Advisor Change:

Name: _____ ID: _____ Type: _____

Name: _____ ID: _____ Type: _____

Primary College/School Approval Signature : _____ Date: _____

Secondary College/School Approval Signature: _____ Date: _____

Student Signature : _____ Date: _____

By signing this form, I agree that it is my responsibility to review the financial implications completion, and potential financial aid impact of this change to my program.

, time to degree

Office Use Only
