

Request to Change Degree Program

Purpose: This form is used to request formal change of program.

Policy: A student who wants to change degree programs must meet the following requirements:

• The student must meet satisfactory academic progress (SAP) requirements within the current degree program

The student must complete a program change request form. The Academic Advisor will facilitate a decision. A change of degree program may result in the potential loss of credits as not all previously completed credits may apply to the new program. A student is not allowed to change their degree program in the middle of a course. Therefore, a program change request will only be processed at the end of a course. Students who are receiving financial aid should contact the Financial Aid office to evaluate any potential impact that changing degree programs may have on their funding. A student seeking a dual degree with a partner institution should seek advise with their Academic Advisor regarding the effect of the program change.

Privacy: Schiller International University collects, processes, and maintains student information that is germane to the institution and enables providing its supporting services. Full details of Schiller's disclosure of student records can be found in the Catalog at www.schiller.edu/download-center/. The following information is required to process this form and submission of the form is expressed consent to the collecting, processing, and disseminating of the information as requested. Withheld or missing information may delay or prevent the completion of the request.

Instructions:

- 1) Complete Student Information Section (Pages 1 and 2)
- 2) e-mail, or deliver completed application to Academic Advisor

TAMPA / DISTANCE LEARNING	HEIDELBERG	MADRID	PARIS
Schiller International University	Schiller International University	Schiller International University	Schiller International University
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+1 877-298-9078	+49 6221 45810	+34 914482488	+33 1 45 38 56 01

Last Name(s)	First Name(s)		SIU ID Number
Permanent Address	Country		Postal Code
E-Mail Address	Country Code Telephone Number		er
	+		
Current Degree / Program Enrollment	Campus	Last Term Attende	ed
		MM - YYYY	
New Degree / Program Enrollment	New Starting Term		
	MM - YYYY		
Explain why you want to change programs:			



Student Acknowledgement					
I have read and understand the policy and privacy sections of the request form.					
If accepted for readmission I understand I must					
a) complete a new Enrollment Agreement for the new program					
Student Signature	Date of Signature				
	MM / DD / YYYY				



Date Received		Current Program		New Program	
MM / DE					
	Credits	1	Credits	1	Cumulative
Credits Required	Attempted	Credits Earned	Remaining	Completion Rat	e Grade Point Avg
Satisfactory Acade	emic Progress Statu	s:	arning Probation	on 🗆 Extended	Enrollment
Student Payr Account Balance	ment Plan affected I	⊐ Yes □ No	Date	Signature	
Scho	olarship affected	Yes □ No	MM / DD / YYY	Υ	
Financial Aid Yes No Advised of Finanteturn policies	Veteran's Aid □ Yes □ No ncial Aid / Veteran's	Aid refund and	Date MM / DD / YYY	Signature	
			Dete	0:1	
☐ Review of courses to be transferred ☐ Review of courses to be scheduled		Date	Signature		
		MM / DD / YYY	Y		
				Comments/N	Notes
Campus	Dean □ Accept	□ Reject □ Abst	ain		
Campus Re	gistrar	□ Reject □ Abst	ain		
Campus Bursar	or FA	□ Reject □ Abst	ain		
Campus	ACSA □ Accept	□ Reject □ Abst	ain		
☐ Accept ☐ Reject Signature Position Date					
				N	IM / DD / YYYY