AMERICAN INDIAN COLLEGE
OF THE ASSEMBLIES OF GOD

10/2/2012

Request for Change in Program of Study

Name: _____ Major:_____
Last First Middle Initial

Signature: _____

Date of Request: _____ Student I.D. # _____

Name of course(s) requested to be deleted from program:

Course Name & Number:

1.
2.

Name of courses(s) to be added to program:

Course Name & Number:

1.
2.

Reason(s) for request: [use back of sheet if necessary]

The following signatures must be obtained before the request can be approved. All four signatures are needed to approve request.

	circle one:	
1. Student's Advisor: _____ Date: _____	**approved**	**disapproved**
2. Chair for Course: _____ Date: _____	**approved**	**disapproved**
3. Registrar: _____ Date: _____	**approved**	**disapproved**
4. VP, Academic Affairs: _____ Date: _____	**approved**	**disapproved**

The Registrar is to issue copies to: Advisor, Course Chair, and Student. Original to be kept in student's file.