# Request for Program Change

**Name:**

**Date:**

**Student Id Number:**

**Phone:**

### CURRENT PROGRAM (Please Check):

- Biomedical Engineering Technology - BBET
- Biomedical Informatics - BBI
- Business Day - BBUS
- Business Evening - Concentration:
- Computer Engineering Technology - BCET
- Computer Information Systems - BCIS
- Associate in Accounting Technology - AAT

### PROGRAM DESIRED (Please Check):

- Biomedical Engineering Technology - BBET
- Biomedical Informatics - BBI
- Business Day - BBUS
- Business Evening - Concentration:
- Computer Engineering Technology - BCET
- Computer Information Systems - BCIS
- Associate in Accounting Technology - AAT

### Reason for Change

__________________________________________________________

**Student Signature:**

**Date:**

**Student eligible for program:**

- YES
- NO

**Dean’s Signature:**

**Date:**

### Additional Information/Requirements

__________________________________________________________

**Program Change:**

- APPROVED
- DENIED

**Registrar’s Signature:**

**Date:**

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White copy – Registrar’s Office  
Yellow copy – Student Central  
Pink copy – Student  

04/03/06