

Concordia University Wisconsin

Program Change Request Form

Name _____
Last First MI Maiden

List other names that may appear on credentials _____

Permanent Address (All mail will be sent to this location. Please notify us of any change)

_____ Street City or Province State Zip Code

Home Phone () _____ Work Phone () _____

E-mail _____ Social Security # _____

Location: On Campus or Distance Learning Current Employer _____

Please update your current file by listing **any NEW** college coursework, certificates, licenses or professional designations acquired. Official copies of new transcripts must be sent to the Graduate Admission office.

Name of Institution City or Province Years Attended Degree

Certificate/License/Designation Issued By Field

Program change from _____ to _____
(old program) (new program)

NOTE: Please include a one page essay describing why you are requesting this change.

Concordia University Wisconsin reserves the right to refuse admission to any applicant who, in the University's judgment, is not qualified. CUW reserves the right to require withdrawal of any student at any time for any reason deemed sufficient under the rules and traditional practices of the University.

I certify that the above information is correct. This application is valid for one year from the date signed below.

Signature _____ Date _____

Submit the completed form to the Graduate Admission Office, 12800 N Lakeshore Drive, Mequon, WI 53097

For office use only:

Business office check _____ Academic check _____ Approved _____
(initials) (initials) (initials)