



Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Student ID: \_\_\_\_\_ Semester:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Anticipated Graduation Term:  January  May  August Anticipated Graduation Year: \_\_\_\_\_

**Note: A change from one program to another may extend your graduation date!**

**Current Program:**

Adv Cert  Adv Diploma  EDD  MAT  MED  MFA  MPS  MS  Non-Matric

Program Title: \_\_\_\_\_ Program Code: \_\_\_\_\_

**New Program:**

Adv Cert  Adv Diploma  EDD  MAT  MED  MFA  MPS  MS  Non-Matric

Program Title: \_\_\_\_\_ Program Code: \_\_\_\_\_

*I understand that in changing my program, I am responsible for fulfilling all of the requirements for the new program.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* SAS: Division Chair  
 \* SNHS: Associate Dean or Dean  
 \* SOE Graduate: Assistant or Associate Dean  
 \* SOE Doctoral: Program Director

**CHANGES ARE NOT FINAL UNTIL RECEIVED AND PROCESSED BY THE REGISTRAR'S OFFICE.**  
 Manhattanville College Registrar's Office ♦ Reid 3rd Floor ♦ 914-323-5337 ♦ registrar@mville.edu