



# Graduate Change of Program Request

Graduate students who would like to change their program/major must complete this form and have the change approved by the appropriate department chair.

Please return the completed and signed form to the Office of the Registrar.

- By mail: Office of the Registrar, Cabrini University, 610 King of Prussia Rd, Radnor, PA 19087
- By fax: 610.902.8761
- By email: [registrar@cabrini.edu](mailto:registrar@cabrini.edu)

Student Name \_\_\_\_\_ Cabrini ID Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Program of Study \_\_\_\_\_

Major \_\_\_\_\_ Concentration/Certification \_\_\_\_\_

Current Advisor \_\_\_\_\_

Desired Program of Study \_\_\_\_\_

Major \_\_\_\_\_ Concentration/Certification \_\_\_\_\_

(DEPT. CHAIR COMPLETES):

Dept. Chair – Approved/Denied \_\_\_\_\_ New Advisor \_\_\_\_\_

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

**Office Use Only:**

Processed by \_\_\_\_\_ Date \_\_\_\_\_