



## Request for Change of Program Day / Evening & Weekend / Online

Name (please print): \_\_\_\_\_  
LAST First MI

VWU Student ID number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am currently / was last enrolled in the

Day  EWP  Online program for the \_\_\_\_\_ semester.

I would like to enroll in the

Day  EWP  Online program for the \_\_\_\_\_ semester.

I am currently using Financial Aid:  Yes  No

**University policy permits a student to change programs one time during their academic career at VWU. With my signature below, I acknowledge this policy.**

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

### TO BE COMPLETED BY THE OFFICE OF ACADEMIC AFFAIRS:

Change Approved:  Yes  No

Comments \_\_\_\_\_

VP for Academic Affairs Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please forward a copy of this form to:*

*Registrar's Office*

*Office of Finance & Administration*

*Financial Aid Office*

*EWP Coordinator*