



Change of Degree Program

학위변경 신청서

1. Name: _____ Apellido: _____

2. Student ID#: _____ E-mail: _____@wmu.edu Date(Fecha): _____

3. Current Program: ECE FCC NGO AACM AACC BACM BACC BASW BSN M.DIV MAT MACP
MAM MAWS MAGL D.Min DCM

4. Transferred Credit (Creditos transferidos) _____ credits

Desired Program: Mark "✓" next to your desired program from the list below.

_____ CGA	_____ CCC	_____ CCM	
_____ AACM	_____ AACC		
_____ BACM	_____ BACC	_____ BASW	_____ BAMW

5. Desired Program Start Date: Fall / Spring Semester (Semestre) 20 Year (año)

6. Reason (Razón): _____

7. Fee (cuota): \$100 (_____)

* Student Signature : _____

----- Office Use Only -----

Advisor

Registrar

Accountant

Dean of Admissions

Academic Dean