Change of Program

AUGSBURG UNIVERSITY

Important Steps:

- Students may apply for a Change of Program no more than once each academic year.
- The deadline to submit a Change of Program is the Friday before the start of the semester; requests received after a semester has started will be applied to the following term or another future term.
- Requests must include a signature from an advisor/director and a Student Financial Services Counselor.
- Program costs may differ. To learn more and obtain the required signature, you must meet with Student Financial Services.
- When applying to change your program, you will automatically be removed from classes in future terms for your old program and will need to submit a Registration Form for the new program.
- Please complete all sections of this form and print clearly.

How to Submit

In person:
Enrollment Center
Sverdrup Hall 101
By mail:
Augsburg University

Registrar's Office, CB 71 2211 Riverside Avenue Minneapolis MN 55454 By email or fax:

registrar@augsburg.edu Fax: 612-330-1425

Student Information		
Student Name:		
Last		irst Middle
Augsburg ib.	Priorie:	Augsburg Email
Program Change Information		
Program Change from:		Academic Year: 20 20
\square DAY to AU (Adult Undergraduate)		Effective Term: □ Fall □ Spring □ Summer
Campus Location Change for AU		Major/Minor:
☐ Minneapolis Campus (AU) ☐ Rochester Campus (ROCH) ☐ AU (Adult Undergraduate) to DAY		* Your request will be denied if you are requesting to readmit to a major not offered in your selected program. Visit
		www.augsburg.edu/academics/majors for majors by program.
☐ MAN to DNP (Previous DNP admission required)		Major 1: Major 2:
		Minor 1:
		Minor 2:
Required Signatures		
By signing below I accept all financial and academic obligations incurred as a result of this request.		
Student Signature (Required): Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted. MM / DD / YYYY		
Advisor/Director Signature (Required): Date:		
Student Financial Services Signature (Required): Date: Date: Date: MM / DD / YYYY		
Registrar's Office Use Only		
Received Date: Processed By:	Processed Date:	Changed Program: to Term/Year: Stage: Sr,Jr,So,Fr
Registered in Effective Term: \square Yes \square No Courses Switched in Effective term: \square Yes \square No Courses removed from future terms: \square Yes \square No		
Faculty Advisor(s) Notified:		
Action:		