

For Office Use Only: _____ to _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Old New Term/Year Classification </div>
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Submit to:

The Office of the Registrar
 Augsburg College, CB 71
 2211 Riverside Avenue
 Minneapolis, MN 55454

(612) 330-1036 - Voice
 (612) 330-1425 - Fax

(Please print)

Name _____ Student ID # _____

Last
First
MI

Address: _____

City: _____ State: _____ Zip: _____

Soc Sec #: _____ - _____ - _____ Birth Date: ____/____/____ Phone (H): (____) _____ - _____

Email Address: _____ Phone (W): (____) _____ - _____

Program Change Details

(Select One)

____ **Augsburg for Adults (Weekend/Evening) to DAY**

____ **DAY to Augsburg for Adults (Weekend/Evening)**

 » **Which location** (select one): ____ Main Campus ____ Bloomington ____ Rochester

____ **Location Change for Augsburg for Adults (Weekend/Evening)**

 » **Which location** (select one): ____ Main Campus ____ Bloomington ____ Rochester

Academic Year: 20 ____ - 20 ____ Effective term: ____ Fall ____ Winter ____ Spring

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 registration forms for the new program. A change in program will take effect in the FOLLOWING/FUTURE term.

You may be denied this request if you are requesting to change to Weekend/Evening and have a major not offered in that program.

Major 1: _____ Minor 1: _____

Major 2: _____ Minor 2: _____

Signature (Required)

Date (Required)

You may not change from one program to another more than once in an academic year. Program costs may differ. Please contact Student Financial Services for further information.

FOR OFFICE USE ONLY	
Date Received: _____	ACTION: Approved Denied
Academic Status: _____	DATA ENTRY: _____ NOTIFIED: _____